



EECO HOME RESIDENTIAL ELEVATOR

FIELD SURVEY / QUOTATION REQUEST / ORDER FORM

Date _____ Date Required _____ Ship Date Required _____

Request: Quote & Preliminary Drawings Company _____ Address _____ City _____ St. _____ Zip _____	CUSTOMER INFORMATION Contact _____ Phone _____ Ext. _____ Fax _____ Email _____
Order: PO Number _____	

Provide data as complete as possible. Our ability to provide proper equipment depends upon the completeness and accuracy of the data that you furnish.

PROJECT INFORMATION

Project Name _____
 Address _____
 City _____ St. _____ Zip _____

Ship to Address: Company _____ Project _____ Other _____
 Other _____
 Address _____
 City _____ St. _____ Zip _____

Package: Complete Group One

Unit Type: MRL 2:1 Hydro Direct Acting

Capacity: 950 lbs. 750 lbs. Other _____

Speed: 40 fpm Other _____

Power Supply: _____ Volts AC _____ Phase _____ Hertz

As viewed from lowest landing looking into hoistway

Configuration: In-Line Pass Thru 90°

Rail Location: Left Opposite Right

Gate Strike: Primary Left Right
 Rear/Side Left Right

Door Strike: Right @ Floor 1 2 3 4 5 6
 Left @ Floor 1 2 3 4 5 6

Door Locks: ESL Electro Mechanical

Special Requirements: _____

MACHINE ROOM

Height: = _____

Width: MW = _____

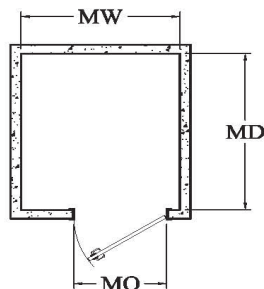
Depth: MD = _____

Opening: MO = _____

Location: Adjacent Remote

Location = _____

Distance = _____



HOISTWAY SECTION VIEW

Overhead: OH = _____

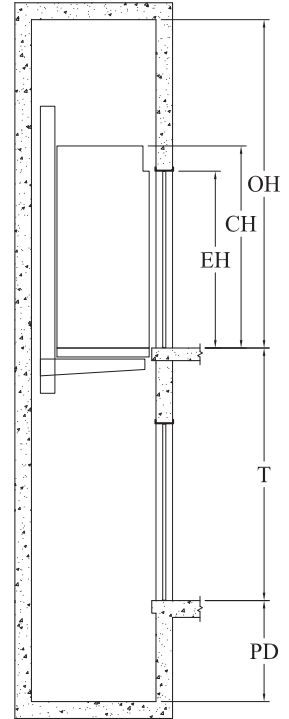
Total Floor Travel: T = _____

Pit Depth: PD = _____

Cab Height: CH = _____
 Max. Allowable Cab Height

Entrance Height: EH = _____

No. of Landings: _____



Travel to Floor Front Rear/Side

6: _____

5: _____

4: _____

3: _____

2: _____

Minimum Short Floor 18"

HOISTWAY PLAN VIEW

Entrance Width: EW = _____

Wall Thickness: WT = _____

Wall Construction: Drywall Masonry Other _____

Car Entrance Style: Accordion 2 Speed 3 Speed

Hall Entrance Style: Swing 2 Speed 3 Speed

