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Project Submission Form

Claim No.		Date Sent		Report Instructions	Send Report Via: (select all that apply) Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> NO Report <input type="checkbox"/> Send CD of Photography: <input type="checkbox"/> Yes <input type="checkbox"/> No
Engineering Services Requested By:					
Name:		Company:		Phone: Direct <input type="checkbox"/> Mobile <input type="checkbox"/> Office <input type="checkbox"/>	
Address:		City:		Alt. Phone: Direct <input type="checkbox"/> Mobile <input type="checkbox"/> Office <input type="checkbox"/>	
State:	Zip:	Email:		Fax:	Are you sending photos? Yes <input type="checkbox"/> No <input type="checkbox"/>
Report Recipient Contact Information (check here if same as sender: <input type="checkbox"/>)					
Name:		Company:		Phone: Direct <input type="checkbox"/> Mobile <input type="checkbox"/> Office <input type="checkbox"/>	
Address:		City:		Alt. Phone: Direct <input type="checkbox"/> Mobile <input type="checkbox"/> Office <input type="checkbox"/>	
State:	Zip:	Email:		Fax:	
Insured / Injured / Represented					
Name:			Address:		
DOL:		Loss Amt:	City, State Zip:		
Type of Loss (check all that apply): Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Water <input type="checkbox"/> Architecture <input type="checkbox"/> Product failure <input type="checkbox"/> Personal Injury <input type="checkbox"/> Construction <input type="checkbox"/> Materials <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire Protection <input type="checkbox"/> Standard of Care <input type="checkbox"/> Equipment <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> HVAC <input type="checkbox"/> Firearm <input type="checkbox"/>					
Background Information					
Potential Product/System:			Model No.:		Serial No.:
Manufacturer:			Purchase Date:		Purchased from:
Was part supplied with Equipment/System:			Installed by:		
Install Date:			Photos of the product/system in place? <input type="checkbox"/> Yes <input type="checkbox"/> No (include if available)		
Brief description of incident:					
Other Interested Parties:					
Other Instructions:					
By submitting this form (and the accompanying part), I authorize Entropy Engineering Corp. to commence evaluation of the above described matter as they deem appropriate. This may include scheduling of an inspection and or travel. I confirm that I have authority to retain Entropy in accordance with Entropy's terms and conditions.					
Entropy Project Number:			Date Received:		