

CUSTOMER INFORMATION:

First Name: _____ Last Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

PRODUCT TO BE REGISTERED: (Enter different model types and sizes separately)

SOLAR ATTIC FAN QTY: _____

SOLAR ATTIC FAN QTY: _____

SOLAR ATTIC FAN QTY: _____

ACCESSORY:

SAF Garage Exhaust Kit

INSTALLATION INFORMATION:

Date Installed: _____ Installer Name: _____ Installer Company: _____

Are you satisfied with the installation? Yes No

Are you satisfied with the product performance? Yes No

ADDITIONAL COMMENTS:

To submit form, click button, mail to Natural Light or click email address: info@solaratticfan.com