



425 W. Second Ave. - Spokane, WA – 99201 Voice: 509-624-3152

SAFE INSTALLATION QUESTIONNAIRE

Destination: _____
 Address City State ZIP

Destination Contact Name: _____ Phone No _____ Cell No: _____

 RESIDENTIAL AREA COMMERCIAL AREA

Truck Loading Dock? Yes No
 Ground Level? Yes No
 Elevator? Yes No Elevator Maximum Weight Rating: _____

Are there curbs we must go over to get to the building entrance? Yes No How many? _____

Is there legal parking where we need to off-load the safe? Yes No Do we need a parking permit? Yes No
 Do we have to make any 45-90 degree turns? Yes No How many? _____

Do we have to traverse and grass or landscaping barriers to gain entry to your building? Yes No
 Please describe in detail: (ie; soft dirt, gravel, soft grass, etc) _____

Steps Outside? Yes No How many? _____ Width of Steps: _____

Steps are made of? _____

Steps Inside? Yes No How many? _____ Width of Steps: _____

Steps are made of? _____

Does Stairway have landing? Yes No Width of Landing: _____

Hallway? Yes No Width of hallway: _____

Minimum Door Width: (all doors) _____ Minimum Door Height: (all doors) _____

FLOORING: (we will be moving the safe over)

Tile: Yes No Is Tile Commercial Grade? Yes No
 Vinyl: Yes No Is Vinyl Commercial Grade? Yes No
 Carpet: Yes No Is Carpet Commercial Grade? Yes No
 Ceramic: Yes No How many feet of Ceramic Tile? _____
 Wood: Yes No How many feet of Wood Floor? _____
 Do you want your safe anchored to the floor? Yes No What kind of floor? _____

Is Floor Protection Needed? Yes No How many feet of protection? _____

Make: _____ Model# _____ Qty. _____ Weight of Each? _____ lbs. Dimensions: H _____ W _____ D _____

Delivery Hours? _____ Delivery Date? _____

****Accurate information above will allow us to quote you accurately. Please complete all answers to questions. IF actual delivery is different, we will have to charge additional labor and/or charges.****

X

 Signature Printed Name: Date:

Dealer Name: _____ Phone No: _____ Fax No: _____