



INDUSTRY FEEDBACK RESPONSE FORM

To: _____

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Distributor | <input type="checkbox"/> Retailer |
| <input type="checkbox"/> Dealer | <input type="checkbox"/> K/B Designer | <input type="checkbox"/> Int. Designer |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Installer | <input type="checkbox"/> Plumber |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Other _____ | |

From: _____

- | | | |
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| <input type="checkbox"/> Dealer | <input type="checkbox"/> K/B Designer | <input type="checkbox"/> Int. Designer |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Installer | <input type="checkbox"/> Plumber |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Other _____ | |

Client/Project: _____
Project Address: _____
City, State, Zip: _____

Date: _____
Date of Installation: _____

Brief Description of Problem: