

Please **PRINT CLEARLY** and use 1 sheet per room. Black pen or dark pencil recommended for filling out form by hand

Fax: 970.776.1941 **Mail:** 5836 Wright Drive, Loveland, CO 80538 **Email To:** analysis@ultimatesupport.com

Your Information

Your Name: _____ Email: _____

Phone: _____ Fax: _____ Zip Code: _____

Dealer Information

Dealer Name: _____ Dealer Email: _____

Budget *(Only Check One.)*

- \$1,000 - \$5,000
 \$5,000 - 10,000
 \$10,000 - \$20,000
 : \$ _____

Room Emphasis

- Surround Sound
 5.1 7.1 Other: _____
 2 Channel Audio
 Even Mix of Both

Speaker Details

Mains:

- Make/Model: _____
 Bipole/Dipole
 Forward Firing
 Other: _____

Surrounds:

- Make/Model: _____
 Bipole/Dipole
 Forward Firing
 Other: _____

Subwoofer:

- Make/Model: _____
 Number of Subs: _____

Type of Room *(Only Check One.)*

- Dedicated Home Theater
 Multi-Purpose Media Room
 Audiophile/Listening Room
 Family/Living Room
 Other: _____

In This Room? *(Check One.)*

- New Construction
 Renovation

Do you have access to: CAD Drawings Blueprints Digital Photos

NOTE: An Ultimate Acoustics Large Room Specialist will be contact you to obtain these files.

Room Dimensions *(Please Indicate Dimensions, e.g., "ft," "in," "mm" or "cm")*

Length: Width: Height: (Note: If your room is non-rectangular, please use the back of this sheet to sketch)

Surface Types *(Please use back of sheet if more detail is required.)*

- | | | | | |
|---------|---|---|---|--|
| WALLS: | <input type="checkbox"/> Drywall/SheetRock®/Gypsum Board
<input type="checkbox"/> Brick | <input type="checkbox"/> Plaster
<input type="checkbox"/> Unfinished | <input type="checkbox"/> Wood Paneling
<input type="checkbox"/> Concrete (Block or Poured) | <input type="checkbox"/> Chair Rail
<input type="checkbox"/> Other: _____ |
| CEILING | <input type="checkbox"/> Drywall/SheetRock®/Gypsum Board
<input type="checkbox"/> Exposed Joists | <input type="checkbox"/> Drop Tile Ceiling ("T" bar, "grid", etc.)
<input type="checkbox"/> Metal Deck/Trusses | <input type="checkbox"/> Other: _____ | |
| FLOOR | <input type="checkbox"/> Carpet
<input type="checkbox"/> Hardwood | <input type="checkbox"/> Vinyl/Tile
<input type="checkbox"/> Concrete | <input type="checkbox"/> Unfinished Subfloor | <input type="checkbox"/> Other: _____ |

Seating

Number of Chairs: _____ Type of Chairs (recliner, sofa, etc.): _____
 Number of Rows: _____
 Tiered Seating (or riser) _____

Observed or Measured Acoustical Problem(s) *(Only Check All That Apply.)*

Room Acoustics

- Flutter Echo ("slapback")
 Bass Build-up ("boomy") and/or Cancellation ("no bass")
 Trouble understanding dialogue
 Lack of musical clarity
 Other: _____

Sound Isolation

- Disturbing Roommates/Family/Neighbors
 Unwanted External Sounds/Noise
 HVAC Noise
 Other: _____

Other Details, if any: (e.g. existing treatments, loudspeaker and/or sound system details, type of lighting)

Describe: _____

Use this graph paper to provide us with an accurate layout of your room
(Please provide locations of doors, windows, beams, ducts, furniture, equipment, etc.)

Please provide all dimensions, including ceiling height.

A large grid of graph paper for drawing a room layout. The grid consists of 7 columns and 10 rows of large squares. Each large square is further divided into a 10x10 grid of smaller squares, creating a total of 70x100 small squares.