



Name: _____

Company: _____

Project Name: _____

Email: _____ Phone Number: _____

Snake Tray Part Number:	_____	Please fill out and email to: info@snaketray.com		
Type:	Ceiling	Wall (Flush)	Wall (Surface)	Floor
Size:	Length _____	Width _____	Height _____	
Material:	Aluminum	Steel	Galvanized	
Finish:	Powder Coat	White	Black	Custom Color /RAL # _____
	Gloss	Textured	Matte	
Gas Struts:	No	Yes	Capacity _____	
Safety Chains:	No	Yes	Comment _____	
Fans:	AC Power	Volts _____		
	DC Power	Volts _____		
	CFM	Comment _____		
Active Temperature Control:	Cool	Heat	Combination	None
Climate Integrity:	Generic Indoor	NEMA # _____		IP # _____
Vents:	No	Yes	Location _____	
Knock Outs:	No	Yes	Size _____	Qty _____ Location _____
Grommets:	No	Yes	Comments _____	
Locks and Latches:	No	Yes	Qty _____	Type _____
Bezel and Surrounds:	No	Yes	Flush Mount	Surface Mount
Rack Frame:	No	Yes	Type _____	# of RU _____
Shelf:	No	Yes	Type _____	Qty _____
AC Power Source (Passive):	No	Yes	Voltage _____	# of Receptacles _____
			Type of Receptacles _____	
A/C to D/C Power Supply:	No	Yes	AC Volts Input _____	
			DC Volts Output _____	
			Watts _____	
D/C to D/C Power Supply:	No	Yes	DC Volts Input _____	
			DC Volts Output _____	
			Watts _____	
AC Power Strip:	No	Yes	# of Receptacles _____	
ONT's:	No	Yes	Manufacturer _____	
			Model _____	
			Qty _____	
Wiring Harness:	No	Yes	Comment _____	
Fire Stop Ring:	No	Yes	Comment _____	
Patch Panel Enabled:	No	Yes	# of RU _____	
Comments:	_____			
