



# DETAILED INDOOR GROWHOUSE DEHUMIDIFIER INQUIRY

If you have comments, questions, or suggestions please call (262-377-7501, toll free 888-883-7602) or email Dehumidifier Corporation of America ([info@dehumidifiercorp.com](mailto:info@dehumidifiercorp.com)), or complete the form below and a member of our staff will get in touch with you.

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Company Name \_\_\_\_\_

Industry\* \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email\* \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## JOB LOCATION

Job City\* \_\_\_\_\_ Job State\* \_\_\_\_\_

Project Name \_\_\_\_\_

Is this a replacement unit?  YES  NO

Make and Model of Unit Being Replaced if Applicable \_\_\_\_\_

## ROOM/BUILDING INFORMATION

Length\* \_\_\_\_\_ Width\* \_\_\_\_\_

Average Ceiling Height\* \_\_\_\_\_ Volume (cu/ft)\* \_\_\_\_\_

Type of room, grow, flowering, curing, etc. \_\_\_\_\_ Number of rooms requiring dehumidification \_\_\_\_\_

## MOISTURE LOAD INFORMATION

Desired Room Temperature\* \_\_\_\_\_ Desired Room Relative Humidity\* \_\_\_\_\_

Amount of Water That is Used per Day to Feed the Plants\* \_\_\_\_\_

Size of Crop in Terms of Actual Plant\* \_\_\_\_\_

Number of Plants in the Room That the Dehumidifier will be serving\* \_\_\_\_\_

Re-Circulated Air From Heating or A/C System (CFM)\* \_\_\_\_\_

Amount of current or planned air condition per room (btu's or tons of a/c if known)\* \_\_\_\_\_

Please complete all mandatory fields noted with \*

**DEHUMIDIFIER INSTALLATION**

Dehumidifier Location

- Outdoor
- Rooftop
- On Grade
- Indoor
- Hanging
- Mechanical Room
- Other

Is a duct system planned?

- Yes
- No

Are ceiling fans present?

- Yes
- No

**VOLTAGE AND PHASE**

- Voltage and Phase
- 208/230-1-60
  - 460/480-3-60
  - 208/230-3-60
  - Other

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete all mandatory fields noted with \*