



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), 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 Corporation of America

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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 *