

Detailed Commercial/Industrial Dehumidifier Inquiry

If you have comments, questions, or suggestions please call 262-377-7501 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					
Phone Number			Fax Number		
Email				Date Co	mpleted
Street Address					
			Zip Code		
JOB LOCATION					
Job City			Job State		
Project Name					
Is this a replacement unit	? YES	NO	Unit Location:	INDOOR	OUTDOOR
Model of unit being repla	ced if appli	cable			
ROOM/BUILDING INFOR	MATION				
Length			Width		
Average Ceiling Height			Volume (cu/ft)		
Room Location	Below Ground		☐ Above Ground		
CONSTRUCTION TYPE					
Frame:	☐ No Vapor Barrier		☐ Vapor Barrier Present		
Masonry:	■ No Vapor Barrier		☐ Vapor Barrier Present		
Sheet Metal:	☐ No Vapor Barrier		☐ Vapor Barrier Present		
All Glass Surround					
Other: Please Explain					
INSULATION					
R-/Value Walls			R-/Value Ceilings		
Floor Type:	■ Maso	nry	□Wood	☐ Bare Ear	th

DOORS						
Outdoor Opening Width:	Outdoor Opening Height					
Opening—Minutes per hour:						
WINDOWS Outdoor Facing: Double Pane Sin	gle Pane					
MOISTURE LOAD INFORMATION						
Desired Room Temperature	Desired Room Relative Humidity					
Describe type of activity needing dehumidification						
Occupancy—# of people	_					
Make Up Air (CFM) Exhausted Air (CFM)						
Re-Circulated Air From Heating or A/C System (CFM)						
EXISTING OUTDOOR CONDITIONS						
Outdoor Temperature (Winter/Summer)						
Relative Humidity						
If this is an interior room, is the surrounding space of	onditioned? YES NO					
Is process water available for cooling?	YES NO					
DESIRED INDOOR CONDITIONS						
Relative Room Humidity						
Additional Information:						



Phone # 262-377-7501 Fax # 262-377-7502 info@dehumidifiercorp.com