

DETAILED INDOOR GROWHOUSE 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		
	Fax Number	
Email*	Date Completed	
Street Address		
City State	Zip Code	
JOB LOCATION		
Job City*	Job State*	
Project Name		
Is this a replacement unit?	Unit Location: INDOOR OUTDOOR	
Make and Model of Unit Being Replaced if Applicable		
ROOM/BUILDING INFORMATION		
Length*	Width*	
Average Ceiling Height*		
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*		
	serving*	
Re-Circulated Air From Heating or A/C System (CFM)*		
Amount of current or planned air condition per room (btu's o		

Please complete all mandatory fields noted with *



DEHUMIDIFIER INSTAL	LATION	
Dehumidifier Location		
□ Outdoor		
□ Rooftop		
□ On Grade		
□ Indoor		
□ Hanging		
☐ Mechanical Room		
□ Other		
Is a duct system planned?		Are ceiling fans present?
□ Yes		□ Yes
□ No		□ 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 *