



TrueFog, USA
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NAME (Owner / Manager) _____ DATE _____
COMPANY _____ PHONE _____
ADDRESS _____ FAX _____
CITY / STATE _____ COUNTRY _____ ZIP _____

GREENHOUSE MANUFACTURERS NAME : _____ YEAR CONSTRUCTED: _____

GREENHOUSE SPECIFICATIONS :

Number of greenhouses : _____ Width _____ Length _____
Height ; Sidewall _____ Height ; Apex _____ Truss Spacing _____
Number of bays in each house _____ Width of each bay _____
Are bays gutter connected _____ Gutter height _____
Type of controller now used _____ Model Number _____
Number of controlled Sections per house _____

TRUEFOG REQUIRED FOR : Cooling Humidity both

VENTILATION :

Naturally by : Sides gable ends roof other _____
 Mechanically by : fan / pad fan / shutter fan / _____
Number of fans per bay _____ per house _____ size _____ cfm _____

ELECTRICAL SERVICE AVAILABLE : _____ Volts _____ Phase _____ Hertz

WATER CONDITIONS :

SOURCE; Municipal , Well , Pond , other

Do you have water analysis: Yes, No , P.H. _____ TDS/EC _____

Do you chemically treat your water at this time ? : yes, No, How _____

CLIMATE INFORMATION :

Approximate Elevation _____ Average Summer high _____

Average summer Humidity at high temperature _____ Required Inside _____

Desired inside Temperature _____ Desired Inside Humidity _____

PLEASE INCLUDE A SKETCH OF YOUR GREENHOUSE LAYOUT, INCLUDING: LENGTH, WIDTH, HEIGHT TO GUTTER, HEIGHT TO PEAK AND APPROXIMATE DISTANCE APART IF FREE STANDING. LOCATE AISLES, FANS, PADS, AND VENTS. ALSO INDICATE YOUR PREFERRED LOCATION FOR YOUR TRUEFOG MODULE. ALSO, PLEASE INDICATE WHAT CONTROL METHOD YOU WILL USE, OR IF TRUEFOG,USA IS TO PROVIDE CONTROLS ?.

