



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 SIN CITY MISTING PUMPING MODULE. ALSO,  
PLEASE INDICATE WHAT CONTROL METHOD YOU WILL USE, OR IF SIN CITY MISTING IS  
TO PROVIDE CONTROLS.

**LIC./BONDED/INSURED NV. LIC.#0062794**

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