

# Questionnaire Solar Island System

## Your contact details

Name, address

.....  
 .....  
 .....  
 .....

Contact person

.....  
 .....  
 .....

Tel. (if necessary for further inquiry)

Your reference number

.....

E-Mail

.....

## Which consumers do you want to operate?

Kind of device	Quantity	Supply voltage in V <sup>1)</sup>	Power consumption in W <sup>1)</sup>	Daily operating time in h	Days of use per week

<sup>1)</sup> The technical data can be found on the type plate of the respective consumer

## In what period of time should the system operate?

- All year round
- From ..... to .....

## How long should the system work without recharging?

Number of days: .....

**Information regarding the solar module installation:**

Where should the solar island system be located? (address or GPS coordinates)

.....

What area is available for mounting the solar modules?

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How are the modules angled? (direction and inclination)

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**Other special features or requests:**

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**Thank you for your interest in an IVT solar island system. We will send you your individual offer as soon as possible. All you have left to do is send the completed solar questionnaire back to us by e-mail, post or fax.**

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