

Questionnaire Photovoltaic system

Project data

First name: _____

Name: _____

Address: _____

Zip code, City: _____

Phone : _____

Mobil: _____

Fax: _____

E-mail: _____

Address of the construction site (if different from above): _____



Photovoltaic system

Customer request

What is your budget for the system?

Do you already have ideas about technology, function and comfort of the system?

Will you finance the photovoltaic system? yes no

Customer requirements

What is the average monthly electricity consumption [in kWh]? _____

What is the maximum monthly electricity consumption [in kWh]? _____

Type of desired photovoltaic system

Grid connected power supply Island solution (with battery backup)

Generator power, approx.: _____ kWp

Available area, approx.: _____ m²

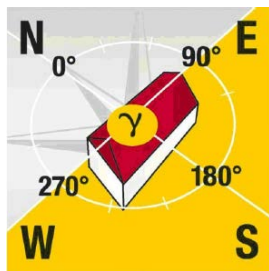
Type of module

Monocrystalline Polycrystalline Other: _____

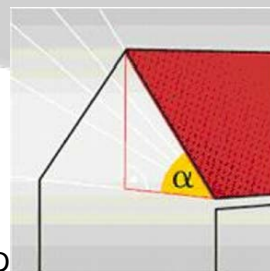
Mounting

Roof Flat roof / Freestanding Other: _____

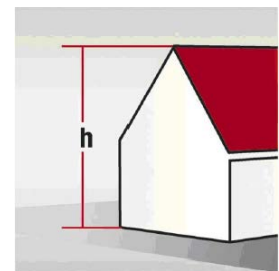
Roof properties



Roof orientation [in°]: _____



Roof pitch [in°]: _____



Building height [in m]: _____

Notes on cable laying

Distance Generator -> generator connection box: _____ m
 Distance Generator -> potential equalization rail: _____ m
 Distance generator connection box -> Inverter: _____ m
 Distance Inverter -> Export meter: _____ m
 Distance Export meter -> Power connection: _____ m

Desired no monitoring

- | | |
|---|--|
| <input type="checkbox"/> No monitoring | <input type="checkbox"/> Local monitoring with data logger |
| <input type="checkbox"/> Remote monitoring GSM / GPRS | <input type="checkbox"/> Remote monitoring Bluetooth |
| <input type="checkbox"/> Remote monitoring Ethernet | <input type="checkbox"/> Remote monitoring WIFI |

Completion

By when would you like the offer: _____

Is a service contract desired? yes no

Which term would you like? 5 Years 10 Years 20 Years warranty time

By what date should the installation be finished: _____

Date

Signature

Contact

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