

SOLAR – CUSTOMER QUESTIONNAIRE

Step 1. Please enter an X to indicate selection for questions

Personal Details

What is the best description of your role?

Name

- Architect/Consultant Developer Plumber
 Self builder Home owner Other

Company Name (if Applicable)

If other please give details:

Address

Contact Telephone Number (land Line)

Mobile

Post Code:

E-mail Address:

Step 2. Please enter an X to indicate selection for questions

Property Details

Site address, if different to one given above

Building Solar System required for:

- New Build Existing Property New Roof on Existing Property Non Domestic
 Other Please give details

Please indicate your roof aspects:-

- South S/SE S/SW West East North

Do you have a solar solution preference?

Evacuated Tube (vacuum) Flat Plate

What Area of your roof is South, SSE or SSW %?

What Area of your roof is West or East %?

Is the roof overshadowed (trees or other buildings /objects)? Y/N If yes % of roof overshadowed

Is the roof easy to access for installation Y/N

If no, please give details

Is the roof space board out? Y/N

What is the existing roof covering? Tiles Slates Other

If other please specify

Step 3.

Current Set-up

How many people live in your household? Adults Children

How many bathrooms (including wet/shower rooms) Bathroom Wet Rooms Shower Rooms

If you bath how many do you have per week? Do you have peak water demands?
If yes, please detail times of peak demand

Does your washing machine heat water? Y/N If no, how does it obtain required hot water?
Please give details

How is your domestic water currently heated? Gas Oil Electric Other

If other, please specify

Do you have an existing hot water cylinder or an immersion heater or both? Cylinder Immersion Both

If you have an existing cylinder, what is it size in Litres? Litres

Does it have a solar coil? Y/N

What is the physical size of the tank including the insulation? Width (mm) Depth (mm)

Length (mm)

If applicable, what is the size of the area the cylinder is housed in? Width (mm) Depth (mm)

Length (mm)

What is your existing boiler? Electric Gas Oil Other

Is the boiler a condensing boiler? Y/N How old is your existing boiler

Please provide make of your boiler Please provide boiler model

Do you have underfloor heating? Y/N Is there an electricity supply near the boiler/water cylinder

Do you have a cold water storage tank or header tank in the roof? Y/N

Are your cold water pipes insulated? Y/N

QUOTATION REQUEST

Please enter an X to indicate selection

How do you wish to receive your quotation? E-Mail Post Both

CHECK LIST FOR ADDITIONAL INFORMATION

Additional Project Notes Y/N

(Please attach any additional information that may help with providing an accurate quotation.)

INFORMATION PROVIDED TO "GREEN WARMTH LTD" WILL BE USED FOR THE PURPOSE OF PROVIDING A QUOTATION ONLY

ADDITIONAL NOTES