

Off Grid APPLICATION return to: info@solardragons.co.uk

Name _____
Address _____
Address _____
Address _____
Post code _____

Company Details _____

E-Mail _____
Phone _____

Addresses or location of intended site

Please try to outline your requirement in using of this type of system

Voltage requirements
12v _____
24v _____
48v _____
230v _____

Load requirement in watts

Duration/use of electrical equipment in Summer

Hours in daylight _____
Hours in evening _____

Duration/use of electrical equipment in Winter

Hours in daylight _____
Hours in evening _____

To estimate the total size of equipment components required, we need as much information as possible.

The above information is submitted for the
sole purpose of estimating off grid requirements
Please return all information to Dragons Breath Solar
info@solardragons.co.uk