



POWER REQUIREMENT EVALUATION REQUEST

This is not an order. It is intended for use by our Engineering Department to ensure that you are quoted a unit that will handle your needs. If you need assistance completing this questionnaire, do not hesitate to call us. **There is no charge for this service.**

Upon completion, please return to mail@onstatpower.com or fax to 203.487.7423.

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Email: _____

**Please list all equipment with appropriate volts/amps/watts (taken from the electrical rating plate on each appliance).
Indicate any 220-volt items. Include estimated on-time for each piece of equipment. Note: volts x amps = watts.**

EQUIPMENT TYPE (make & model #)	VOLTS	AMPS	WATTS	RUN-TIME

COMMENTS:

HOW DID YOU HEAR ABOUT OnStat Power?

Trade Journal: _____ Issue: _____

Sales Rep.: _____ Referral (name): _____

Best time to contact: _____ Day of the week: _____

Thank you for taking the time to complete this important form. Our Engineering Department will review and confirm your emergency power requirements and will be in contact with you shortly.