

SW Energy

Solar Winds Energy Inc.



System Sizing Form

Date: _____

Name: _____

Address: _____

Phone #: _____

Email: _____

Location: _____

of People Using the Cabin: _____

Usage: (Circle all that apply): Summer Winter Spring Fall

Average # of Days Spent there at one time: (Circle Only ONE)

1-3 4-6 One Week or More

Generator In Use: Yes No

*If you answered yes please indicate size/type _____

Appliances/Tools in Use	

Additional Details:

Solar Winds Energy Inc.
9 Myers Avenue
Clarenceville, NL
A5A 4G3



Email: info@solarwindsenergy.com
Phone: 709-466-5411