



QUESTIONNAIRE UV disinfection

Company name:
Company address:
Object name:
Object location:
The contact person:
Phone / fax / e-mail

Performance	_____ m3 / hour
Water type	drinking waste technical other
Execution	horizontal vertical
Additional requirements	

Date of completion of the Customer « ____ » _____ 20__ y.

Commercial offer № _____

Executor _____ / _____

Date of receipt of the questionnaire « ____ » _____ 20__ y.

*You must download the file, fill it out, save and send to
info@reef-eco.ru mail.
Before sending a letter, please make sure that file is full.*