
Checklist for installation private photovoltaic station N_____

First name and last name: _____

Telephone: _____

Email : _____

Installation address: _____

Other _____

Type of installation

On the roof ☐

On the facade ☐

On the ground ☐

Other ☐

Other describe _____

Purpose of the building

Cottage ☐

Office ☐

Shop ☐

Cafe/Restaurant ☐

Hotel ☐

Sanatorium ☐

Production ☐

Other ☐

Other _____

Installation time, plan _____

Form of payment: cash ☐ leasing ☐ bank transfer ☐

Preferred date of visit _____

Preferred time for making contact _____

After receiving the request form, a JAFA ENERGY employee will contact you to clarify the details and confirm the visit time!
