

# INQUIRY FROM THE BOHN BIOFILTER WEBSITE

TO:



Tel: 1+ 520. 624. 4644  
Fax: 1+ 520. 624. 4709

Your Full Name: \_\_\_\_\_  
Company or Municipality: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State or Province: \_\_\_\_\_  
Zip Code or Postal code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Source of VOCs or odors: \_\_\_\_\_  
Flowrate (in cfm): \_\_\_\_\_  
Targeted Compounds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Space Available: \_\_\_\_\_  
Temperature of Vapor Stream: \_\_\_\_\_  
Are there any particulates present?     yes     no  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional comments or questions for us:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THANK YOU for your interest. Please FAX (no cover sheet needed) to 520.624.4709

