

Today's Date: _____ Requested Delivery Date: _____ Completed By: _____

Representative: _____ Customer: _____

Telephone Number: _____ Email: _____

Tag #: _____ Quantity: _____

Replacement Float

Process Fluid: _____ Existing Mfg.: _____

Existing Chamber Information Required:

Chamber (Pipe) Diameter (NPS): _____ Chamber (Pipe) Schedule: 10 40 80 160 *(check one)*

Float Length (in.): _____ Float Material: _____

Operating Pressure (PSIG): _____ Operating Temperature (°F): _____ Minimum Specific Gravity: _____

Replacement Indicator

Visible Length (in.): _____

Indicator Type *(check one)*

Flag Color: Yellow/Black
 Red/White

Standard Flag Hermetically Sealed Flag (Poly)
 Hermetically Sealed Flag (Glass) NightStar® (120V or 240V)

Replacement Switch/Transmitter

Accessory Type *(check as many apply)*

<u>Switches</u>	<u>Quantity</u>
<input type="checkbox"/> SAS-16™ SPDT Switch	_____
<input type="checkbox"/> RS2™ SPDT Switch	_____
<input type="checkbox"/> RS2/2™ DPDT Switch	_____

4-20mA Transmitters

MTII4300™ Magnetostrictive
 RST2™ Reed Switch

Measuring Length (in.): _____ (if different than visible)

_____ *(check one each)* _____

Specify Transmitter Head Location		Transmitter Alarm (MTII4200 Only)		Transmitter Unit Display (MTII4200 Only)		
Top	Bottom	HI	LOW	mA	Inches	%

Comments: _____

