

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 (check one)

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

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 Standard Flag Hermetically Sealed Flag (Poly)

Red/White Hermetically Sealed Flag (Glass) NightStar® (120V or 240V)

Replacement Switch/Transmitter

Accessory Type (check as many apply)

Switches	Quantity	4-20mA Transmitters
<input type="checkbox"/> SAS-16™ SPDT Switch	_____	<input type="checkbox"/> MTII4200™ Magnetostrictive
<input type="checkbox"/> RS2™ SPDT Switch	_____	<input type="checkbox"/> RST2™ Reed Switch
<input type="checkbox"/> RS2/2™ DPDT 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: _____

