

SANITARY AUTOMATIC VALVES



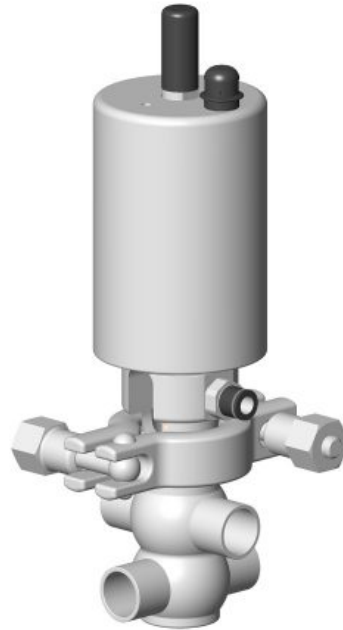
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CUSTOMER		DATE	
PHONE #		EMAIL	
COMPANY		PLANT LOCATION	
PROJECT			

Type	<input type="checkbox"/> Changeover	<input type="checkbox"/> Tank Bottom	<input type="checkbox"/> Relief
	<input type="checkbox"/> Regulating	<input type="checkbox"/> Mix-Proof	<input type="checkbox"/> Check

Size	"		Connection Type	<input type="checkbox"/> Weld	<input type="checkbox"/> Clamp
Control Top	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Style	<input type="checkbox"/> Fail Open	<input type="checkbox"/> Fail Closed
3-A Stamp Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Special Polish Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Type	<input type="checkbox"/> BUNA	<input type="checkbox"/> Teflon	<input type="checkbox"/> FKM (Viton)	<input type="checkbox"/> EPDM	<input type="checkbox"/> Silicone
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• **Notes:**

 CUSTOMER PRINTED NAME

 CUSTOMER SIGNATURE