

Valve Tag or Reference Number

Optional – Enter if submitting multiple sizing forms.



REGULATOR SIZING FORM

***INDICATES REQUIRED FIELDS FOR BASIC SIZING**

REGULATOR TYPE: Pressure Reducing Back Pressure

REFERRAL CONTACT:

PROCESS & INSTALLATION DATA

INLET PRESSURES

Normal*:	<input type="text"/>
Minimum:	<input type="text"/>
Maximum:	<input type="text"/>

OUTLET PRESSURES

Normal*:	<input type="text"/>
Minimum:	<input type="text"/>
Maximum:	<input type="text"/>

TEMPERATURES

Normal*:	<input type="text"/>
Minimum:	<input type="text"/>
Maximum:	<input type="text"/>

FLOW RATES

Normal*:	<input type="text"/>
Minimum:	<input type="text"/>
Maximum:	<input type="text"/>

MEDIA*:

PIPE SIZE*:

REQUESTED VALVE SIZE:

END CONNECTION TYPE:

MATERIAL OF CONSTRUCTION:

SPECIAL OPTIONS, IF ANY:

PAINTING SPECS, IF ANY:

CERTIFICATES REQUIRED, IF ANY:

COMMENTS / QUESTIONS:

CUSTOMER INFORMATION

FIRST NAME*:

LAST NAME*:

BUSINESS EMAIL ADDRESS*:

DIRECT PHONE NUMBER*:

COMPANY NAME*:

COMPANY ADDRESS*:

COMPANY CITY*:

COMPANY STATE*:

COMPANY ZIP CODE*:

COMPANY COUNTRY*:

PLEASE EMAIL THE COMPLETED FORM TO SALES@CASHCO.COM

AN ONLINE VERSION OF THIS FORM AND OTHER APPLICATION FORMS ARE AVAILABLE AT CASHCO.COM/SIZINGFORMS



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