

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\*:

Minimum:

Maximum:

#### OUTLET PRESSURES

Normal\*:

Minimum:

Maximum:

#### TEMPERATURES

Normal\*:

Minimum:

Maximum:

#### FLOW RATES

Normal\*:

Minimum:

Maximum:

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](mailto:SALES@CASHCO.COM)**

**AN ONLINE VERSION OF THIS FORM AND OTHER APPLICATION FORMS ARE AVAILABLE AT  
[CASHCO.COM/SIZINGFORMS](http://CASHCO.COM/SIZINGFORMS)**



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