Valve Tag or Reference Number

Optional – Enter if submitting multiple sizing forms.

Vacuum Relief Only



CONSERVATION VENT SIZING FORM

*INDICATES REQUIRED FIELDS FOR BASIC SIZING

REFERRAL CONTACT:				CT:	
PROCESS & INSTALLATION DATA					
TANK MAVP*:		VACUUM SET POINT*:		VACUUM TOTAL FLOW REQUIRED*:	
		- 4			*
REQUESTED VEI		IT/NOZZLE SIZE*: FLANGE CONNECT		CTION TYPE	* <u>:</u>
MATERIAL OF CONSTRUCTION: SPECIA		OPTIONS, IF ANY: PAINTING SPECS, IF		F ANY: CERTIFICATES REQUIRED, IF ANY:	
IF TOTAL FLOW REQUIRED RATES ARE NOT KNOWN PLEASE PROVIDE THE FOLLOWING ROW					
TANK VOLUME (OR TANK DIAMETER & HEIGHT)*: MAXIMUM PUMP OUT RATE*: FLASH POINT TEMPERATURE*:					
COMMENTS / QUESTIONS:					
CUSTOMER INFORMATION					
FIRST NAME*:	LAST NAMI	E*:	BUSINESS EMAIL ADDRE	:SS*:	
DIRECT PHONE NUMBER*: COMPANY NAME*: COMPANY			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





