

Fax



Davis Controls
LIMITED

Q2-3.2K

Date: _____
Attention: _____
Fax No.: _____

From: _____

MAGNETIC LEVEL GAGE ORDERING INFORMATION SPECIFICATION

Customer Name:	Contact:
Address:	Phone No.:
	Fax No.:
	Reference:

When requesting a quotation on the Davis /Klinger Magnetic Level Gage, please complete the following information:

Quantity: _____

SKETCH

APPLICATION

Fluid: _____
Specific Gravity: _____
Operating/Max. Press.: _____ / _____
Operating/Max. Temp.: _____ / _____
Length of Centers: _____
Visible Length: _____
Vessel Connections: _____
i.e. flange, threaded
Size & Rating: _____
Vessel Material: _____

ACCESSORIES / OPTIONS

4-20mA Transmitter DMT-M4: _____
Point Level Switches (Alarms) Quantity: _____ Model#: _____
Graduated Scale inches: millimeters:
Mounting Style Top Mount End Mount Side / Top Mount
Non Frost Block
Interface Float Fluid & S.G. (A) _____ Fluid & S.G. (B) _____

NOTES: _____

