FLOMATIC CORPORATION



Form 031-11 R0 2/12

Request for Information Automatic Control Valve Specification/Installation Data

1/ Customer:	Project:		Date:
Address:	State:	Zip:	Attn:
Phone:	Fax:	e-mail:	
2/ Customer Order No	Dated:		
checked ✓ below	rocess the above order we show. Items 3, 4a, 4b, 5a and 5b ease complete this form, sign	are required	-
3/ Model Valve:	Size:		
	"Full Ported A" Full Ported Angle Body I" Diaphragm Style essure Settings: psi □ Outlet pressure: essure Settings/ETC Series ustaining pressure setting lifference in elevation between oir: feet or ustaining pressure setting pressure setting psi oump pressure setting	☐ Model " ☐ Model " ☐ model " ☐ model " ☐ psi ☐ psi ☐ psi ☐ the horizonta ☐ psi ☐ psi ☐ psi ☐ psi ☐ psi	*CF" Reduced Cavitation P CFA" Reduced Cavitation P Angle Body all centerline of the valve and 1 p.s.i.)
6/ Valve Seat Trim: ☐ Standard	d Bronze Trim ☐ Stainless	Steel Valve Seat	Trim
7/ Valve Installation: Install	ed horizontal line Instal	led vertical line	
8/ Control Valve Flow Rates:	☐ Maximum flow rate g	pm 🗆 Minimu	m flow rate: gpm
9/ Solenoid Valve Voltage: Should valve be normally opene			
10/ Valve Body Coating: □ Sta	andard Epoxy Coating □ Doub	ole Epoxy Coatir	g Other Coating
Flomatic Order Acknowledgmer Special Shipping instructions: _ Other Comment and Remarks: _			
_		Elemetic Corn	oration
Customer:By:		Fiornanc Corp	Julion