



Specialized Pump Company Rotofloat Quote Request

Date:

Customer's Information

Company _____

Contact Name _____

Address _____

City _____

State/ Province _____ Zip/ Postal Code _____

Country _____

Phone Number _____

Fax Number _____

Description _____

Intended Use _____

System Information

Horsepower: _____ RPM: _____

Gallons Per Minute (GPM) _____ At Feet of Head (TDH) _____

Voltage: _____ Hertz: _____

Type of System: _____

Type of Pumps: _____

Panel Options

Elapsed Time Meter

Duplex Receptacle

Mechanical Seal Failure

Surge Protector

Dry Contacts (Remote Alarm)

Intrinsically Safe

Lightning Arrestor

Phase Monitor P.M.

Indicating Lights (Level)

Inner Door

Main Disconnect

Power On Light

Enclosures: _____

Heat Sensor (Terminals)

Generator Receptacles w/Breaker

System Options

Slide Rails: _____ Guide Pipes: _____ Quantity: _____ Length: _____

Lift Mechanism: _____ SS Float Holder

Floats: _____ Quantity: _____ Length: _____

Basin: _____

Basin Lid: _____

Valve Box: _____