

LIQUID INTRUSION DETECTION

Company Name _____
 Address _____
 City _____ State ____ Zip _____
 Date _____ Company Rep. _____
 Phone _____ Cell _____ Fax _____
 E-mail _____ E-fax _____

MODEL LID

Building Name		
Controller Type		
Total No. of Cars	No. of Cars Per Pit	Is Job Print Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Grouping of Cars <input type="checkbox"/> Simplex <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Group		Return Landing (landing cars will return to when liquid intrusion is detected)
Do you require a digital final set? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please choose how you wish to receive the .pdf file: <input type="checkbox"/> Link to download <input type="checkbox"/> Disc	

COMPLETE FORM AND FAX TO 954-933-4185
OR SAVE THE FILE AND SEND AS AN ATTACHMENT TO SALES@ELECTRODYN.COM