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Please complete and return this form to Greyline. It is important. We use this information to check our database for performance of Greyline flow meters in similar applications, and to provide advice and recommendations to you. Thanks for your cooperation.

Contact: _____ Title/Dept.: _____
Company: _____ Project: _____
Address: _____
Tel: _____ Fax: _____
Email: _____ Mobile: _____

SERVICE CONDITIONS:

Pipe Run: ☐ Vertical ☐ Horizontal Pipe Full: ☐ Yes ☐ No
Fluid: _____ % Solids: _____
Pipe ID: _____ Pipe OD: _____
Pipe Mat'l: _____
Liner: ☐ Yes ☐ No Liner Material: _____
Normal Flow: _____ Vibration: _____
Max. Flow: _____ Max. Pressure: _____
Min. Flow: _____ Max. Temp: _____

Notes / Additional Comments / Sketch Pipe Run:

By: _____ Date: _____