



G U N I T E D A M Q U O T A T I O N R E Q U E S T F O R M
PLEASE FAX THIS COMPLETED FORM TO 022 487 2724

1. Customer name: _____
2. Company: _____
3. Address: _____

4. Tel: _____ Fax: _____
E-mail: _____
5. Capacity required: _____ litres
To be used for the storage of: Water / Other (please specify): _____
6. Ground space / Area available: _____ (meters in diameter)
7. Maximum height available: _____ (meters)
8. Fittings required:
 - Inlet: _____ mm / inch
 - Outlet: _____ mm / inch
 - Overflow: _____ mm / inch
 - Scour / Drain: _____ mm / inch
 - Other: _____ mm / inch
 - Valves / Taps: _____ mm / inch

PLEASE NOTE: Plan, height and position of fittings.
9. Accessories: (Please put an X next to the items required)
 - Domed Steel Roof: Standard Galvanized / Zinalume Roof / Chromadeck Roof
 - Access Hatch / Manhole: Standard / Medium / Heavy Duty
 - Access Ladders: Standard External and Internal / Caged External with platform
 - Level Indicator: No / Yes
 - Debris basket: No / Yes
 - Fire-fighting fittings required: No / Yes
 - If yes, please specify type and diameter: Type: _____ Diameter: _____
10. Delivery required by: _____ Installation required by: _____
Commissioning required by: _____
Customer Signature: _____ Date: _____