VESSEL ENQUIRY FORM

DOTMAR UNIVERSAL PLASTICS

Company: Date:

Contact: Dotmar Quote No:

Address Date:

Project: Fax:

Phone:

Email:

Please use this form to aid Dotmar technical staff in attending to your enquiry.

Tank Name:		
Tank Size:		
	Length:	
	Width:	
	Height:	
	Diameter:	
	Void Volume:	
Volume Capacity:		
Pressure:		
Temp ºC:		
Specific Gravity:		
Medium: (List chemicals present including concentration)	Chemical	% Conc
Baffles:(Yes/No)		
Flat or Coned Roof:		
Site Location:		
Inside/Outside		
Nozzles/Inlets/Outlets:		
Number Of:		
Size:		

Sketch (or attach drawing)

Information Required: