

5314 Palmero Court Buford, GA 30518 800.875.0280 sales@jamiesonequipment.com

## \* = INFORMATION REQUIRED FOR PROPER VIBRATOR RECOMMENDATION

COMPANY CONTACT NAME ADDRESS			
PHONE		FAX	
FORM INFORMATION*			
TYPE OF FORM:	□ WOOD □ S	TEEL   ICF	□ Other:
FORM MANUFACTURER:	□ ALUMA BEAM □ MEVA □ SYMONS □		☐ HAMILTON ☐ PRECISE A ☐ WESTERN
WHAT IS BEING CAST:	□ WALL □ C	OLUMN   OTHER	
sales@jamiesoned	eering drawings & digi quipment.com Or ple form and f	fax it to <b>678-745-302</b>	ition & email them to regarding your application on this
SLUMP OF CONCRETE: POUR RATE:			
AGGREGATE TYPE:			
REBAR SIZE:		REBAR SPACING?	
POWER AVAILABLE	- preferred *		
□ AIR Volume □ ELECTRIC Phase	CFM Volts		not at compressor): PSI