

# OPEN HINGE LIP SURVEY

Please fill in the form below:

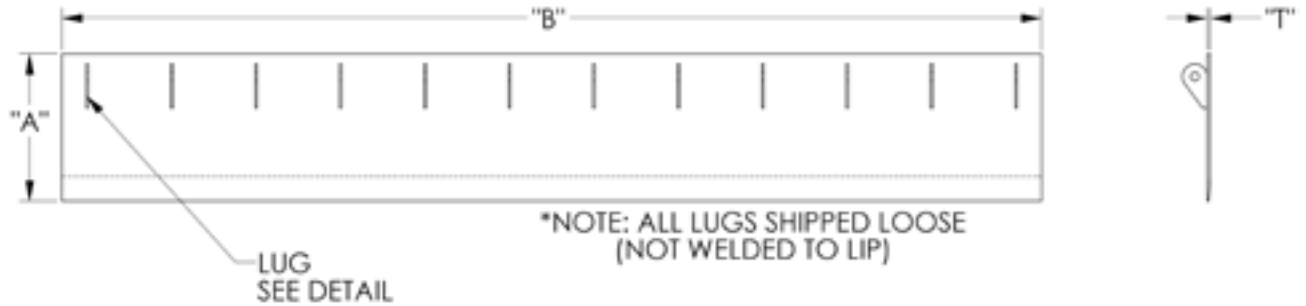
## General

Date: \_\_\_\_\_

Installing Dealer:	Contact Name:
Phone Number:	

## HINGE INFORMATION

Make:	Model:	Serial #:
Type of Leveler: <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Hydraulic <input type="checkbox"/> Airbag		



Lip Length "A":	Lip Width "B":
Lip Thickness "T": <input type="checkbox"/> 1/2" <input type="checkbox"/> 5/8" <input type="checkbox"/> 3/4"	

## LIP SHAFT

Style:	Quantity:	Diameter (shaft not included):
Style:	Quantity:	Diameter (shaft not included):
Style:	Quantity:	Diameter (shaft not included):

## LUG THICKNESS

<input type="checkbox"/> 3/8"	Quantity:
<input type="checkbox"/> 1/2"	Quantity:
<input type="checkbox"/> 3/4" (special order)	Quantity:

