

Paper Roll Lifters - Application Evaluation

Please specify the desired model number: _____

ROLL INFORMATION:

Minimum: Length _____ Diameter _____ Weight _____

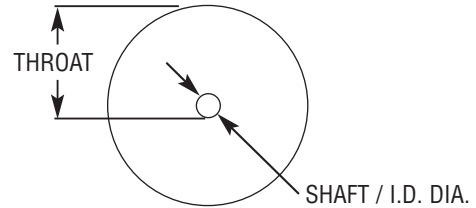
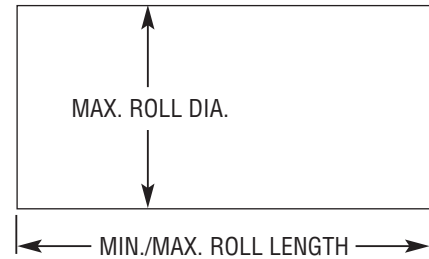
Maximum: Length _____ Diameter _____ Weight _____

SHAFT / I.D. INFORMATION:

Minimum: Length _____ Diameter _____

Maximum: Length _____ Diameter _____

Any clearance requirements: i.e., headroom, machinery obstructions, etc.



J-HOOK INFORMATION (FOR MODEL 23'S)

Is shaft turning when roll is lifted: Yes No

Hook style: Pivoting Fixed

POWER REQUIREMENTS (FOR MOTORIZED UNITS)

DC AC Voltage _____ Phase _____ Cycle _____

Additional application information or option requirements:

For a price quote on your specific application, please complete the above form and fax to The Caldwell Group at **815-229-5686** or you can complete this form online at www.caldwellinc.com/applications.

Contact: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____