



Milbank Enclosed Controls

Request for Quote

Please answer all of the questions. Additional comments as to application and future requirements will help Milbank determine the best product for your job.

Contact Name: _____ Contact Phone: _____

Milbank Rep: _____ Sales Person: _____

Job Name & Location: _____

Application: _____

Utility: _____

Unit Amperage: _____ Voltage: _____ Phase: _____ Wire: _____ SCCR: _____
(Short Circuit Current Rating)

Meter Socket Type: Ringless Ring Type Bypass Type:
 # of Meters: _____ # of Terminals _____ Fifth Terminal at _____ o'clock position
(Max 2) (If Applicable)

Main Breaker #1: Amps: _____ Poles: _____ KAIC: _____

Main Breaker #2: Amps: _____ Poles: _____ KAIC: _____

Interior #1: Load Center Panel Board 0-42 Circuits: _____

Interior #2: Load Center Panel Board 0-42 Circuits: _____

Branch Breakers

	Qty	Amps	Poles	KAIC	Label/Special
Breakers:	_____	_____	_____	_____	_____
Breakers:	_____	_____	_____	_____	_____
Breakers:	_____	_____	_____	_____	_____
Breakers:	_____	_____	_____	_____	_____
Breakers:	_____	_____	_____	_____	_____
Breakers:	_____	_____	_____	_____	_____

Controls

Quantity: _____ Time Clock Functionality: _____ Channel Quantity: _____
(Astro, 24 Hour, 7 Day, Etc.) (1, 2, 4, Etc.)

Quantity: _____ Photo Electric Control Receptacle

Quantity: _____ HOA or Test Switch _____



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Contactors

Type: Electronically Held (EH) - or - Mechanically Held (MH) Qty: _____ Amps: _____ Poles: _____
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Type: Electronically Held (EH) - or - Mechanically Held (MH) Qty: _____ Amps: _____ Poles: _____

Cabinet/Finish Requirements:

Steel G90 14ga Steel G90 12ga Aluminum Stainless 304 Stainless 316

Specify Paint Option:

Paint Options

Custom Paint Details

Step Down Transformer: Primary Voltage: _____ Secondary Voltage: _____ KVA: _____

Surge Protection: Quantity: _____ KA Rating _____ Type (1, 2): _____

Additional Comments and Requirements:

Please send any drawings, plans, specifications and load/panel board schedules with worksheet.