

Forsta Filters Inc.

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FILTER APPLICATION SHEET

CONTACT INFORMATION

Name: _____

Company: _____

Phone: _____

Fax: _____

Email: _____

Address: _____

City: _____

State/Province: _____ ZIP/Postal Code: _____ Country: _____

FILTRATION INFORMATION

Industry (check one):

☐ Industrial ☐ Irrigation ☐ Municipal

Water Source (check one):

☐ Pond ☐ Lake ☐ River ☐ Ocean ☐ Well ☐ City Water

☐ Other if Other, please describe: _____

Purpose: _____

Pressure (psi) _____ Flow Rate (gpm) _____ Line Size (inches) _____

Comments: _____

