

Livestock Scale Gate Swing Questionnaire

Company _____ Date _____

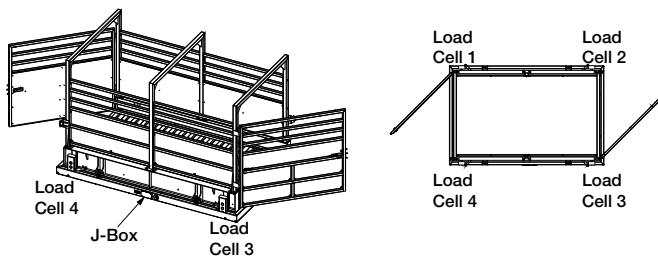
Address _____

City _____ State/Zip/Country _____

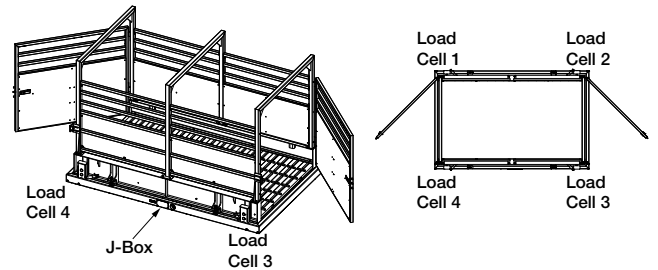
Phone _____ Fax _____

Prepared By _____ Email _____

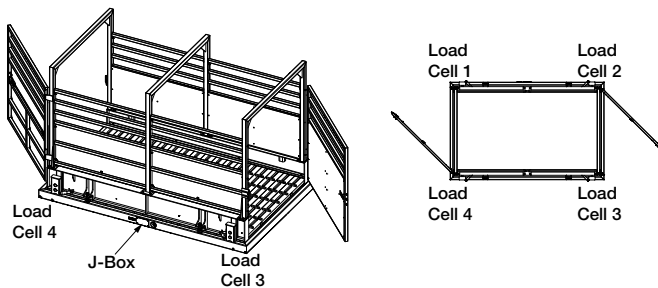
Option 1



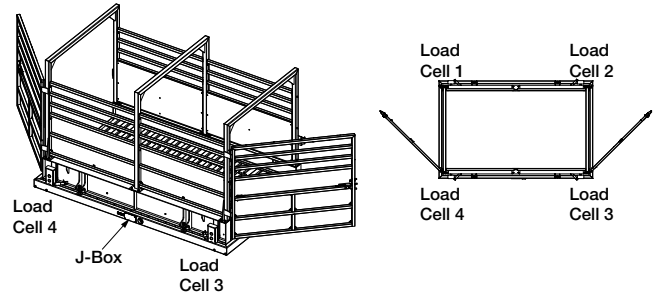
Option 2



Option 3



Option 4
(Standard)



Create Your Own

