

# Livestock Scale Gate Swing Questionnaire

Company \_\_\_\_\_ Date \_\_\_\_\_

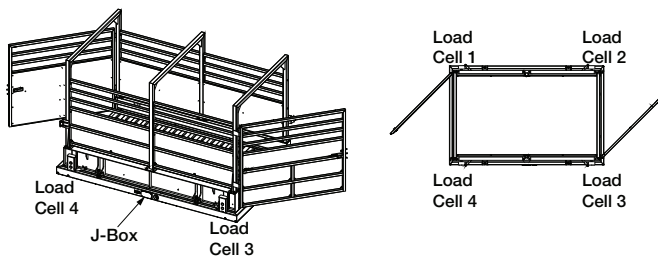
Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip/Country \_\_\_\_\_

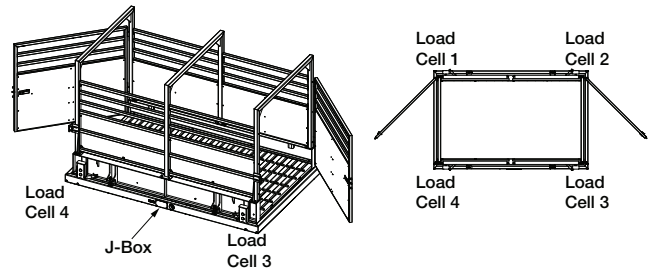
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Prepared By \_\_\_\_\_ Email \_\_\_\_\_

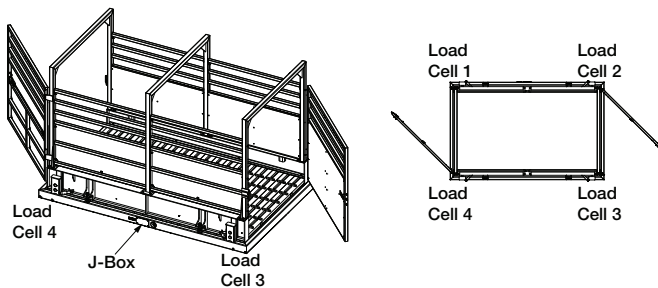
Option 1



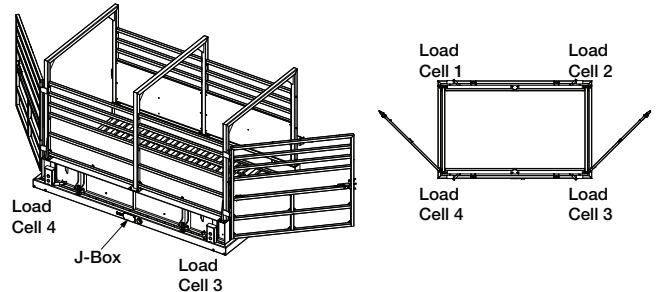
Option 2



Option 3



Option 4  
(Standard)



Create Your Own

