



Water & Wastewater Division

Request for Consideration Form

Company Name:					
Contact Name:					
Company Address:					
Phone N°:		Fax N°:		E-mail:	
Product Name:					
Proposed Product Use:					
Manufacturer Name and Location of Manufacturing Facilities:					
Product Reference #1 Provide name, address, telephone n°., contact name, application, years in use.					
Product Reference #2 Provide name, address, telephone n°., contact name, application, years in use.					
Product Reference #3 Provide name, address, telephone n°., contact name, application, years in use.					

Please indicate information attached to request
(See Section 5.0 in Terms of Reference for Product Review Committee)

Manufacturer's Brochure	<input type="checkbox"/>	MSDS information	<input type="checkbox"/>	Product Standards/Specifications	<input type="checkbox"/>
Test Results	<input type="checkbox"/>	History of Product.	<input type="checkbox"/>	History of Manufacturer.	<input type="checkbox"/>
Installation, use & product specification	<input type="checkbox"/>	Special conditions & procedures	<input type="checkbox"/>	Maintenance requirements.	<input type="checkbox"/>
Service, product, parts availability.	<input type="checkbox"/>	Costs to supply & maintain product	<input type="checkbox"/>	Training requirements	<input type="checkbox"/>
Product benefits	<input type="checkbox"/>	Patents, licences User fees, etc.	<input type="checkbox"/>	Approvals including reference numbers.	<input type="checkbox"/>
Other (specify) _____					