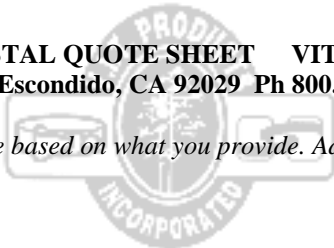


**METER PEDESTAL QUOTE SHEET    VIT Products / Strong Box**  
**2063 Wineridge Pl. Escondido, CA 92029 Ph 800.729.1314 Fx 760.480.0211**



*(note: Complete all information as quote will be based on what you provide. Add additional comments and documentation as needed)*

**Ordering information:**

Distributor \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Name/ Location \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Utility/DOT/City Agency \_\_\_\_\_

Meter Pedestal Series:     MPS     CSP-A     CSP-B     CSP-C     PP-31 - 41

Amperage \_\_\_\_\_ Voltage \_\_\_\_\_ Phase \_\_\_\_\_ Wire \_\_\_\_\_

Meter Socket: (RING TYPE ONLY)  100     200 amp    5<sup>th</sup> jaw:  NO     YES - @ \_\_\_\_ o'clock

Meter Socket: (RING TYPE ONLY)  100     200 amp    5<sup>th</sup> jaw:  NO     YES - @ \_\_\_\_ o'clock

Main Breaker # 1: Amp \_\_\_\_\_ Poles \_\_\_\_\_ KAIC \_\_\_\_\_ Class T fused Disconnect \_\_\_\_\_

Main Breaker # 2: Amp \_\_\_\_\_ Poles \_\_\_\_\_ KAIC \_\_\_\_\_ Class T fused Disconnect \_\_\_\_\_

Interior #1 (0-32 Cir 1 Ph/ 0-24 Cir 3 Ph) \_\_\_\_\_ Load Center \_\_\_\_\_ Metered?     YES(M)     NO(UM)

Interior #2 (0-32 Cir 1 Ph/ 0-24 Cir 3 Ph) \_\_\_\_\_ Load Center \_\_\_\_\_ Metered?     YES(M)     NO(UM)

| <b>Branch breakers:</b> | <b>Amps:</b> | <b>Poles:</b> | <b>KAIC:</b> | <b>Nameplate &amp; Special Instructions</b> |  |
|-------------------------|--------------|---------------|--------------|---|--|
| Breaker Qty: _____      | _____        | _____         | _____        | _____                                       | <input type="checkbox"/> M <input type="checkbox"/> UM |
| Breaker Qty: _____      | _____        | _____         | _____        | _____                                       | <input type="checkbox"/> M <input type="checkbox"/> UM |
| Breaker Qty: _____      | _____        | _____         | _____        | _____                                       | <input type="checkbox"/> M <input type="checkbox"/> UM |
| Breaker Qty: _____      | _____        | _____         | _____        | _____                                       | <input type="checkbox"/> M <input type="checkbox"/> UM |
| Breaker Qty: _____      | _____        | _____         | _____        | _____                                       | <input type="checkbox"/> M <input type="checkbox"/> UM |
| Breaker Qty: _____      | _____        | _____         | _____        | _____                                       | <input type="checkbox"/> M <input type="checkbox"/> UM |

**Additional Controls:**

Qty: \_\_\_\_\_ Time Clock:     24Hr     7 Day     Astronomical.    Qty. Channel(s) \_\_\_\_\_

Qty: \_\_\_\_\_ Photo Electric Control    Cal Trans Type:     I     II     III     IV     V    Other \_\_\_\_\_

Qty: \_\_\_\_\_ Test Switch:     2 pos     3 pos     HOA style    Other \_\_\_\_\_

Qty: \_\_\_\_\_ Transformer (Control) \_\_\_\_\_ V \_\_\_\_\_ VA requirement (277/480V mandatory )

**Contactors:**

Qty: \_\_\_\_\_ Type \_\_\_\_\_ Amps \_\_\_\_\_ Poles (12 max ) \_\_\_\_\_ Coil V \_\_\_\_\_ Other \_\_\_\_\_

Qty: \_\_\_\_\_ Type \_\_\_\_\_ Amps \_\_\_\_\_ Poles (12 max ) \_\_\_\_\_ Coil V \_\_\_\_\_ Other \_\_\_\_\_

Qty: \_\_\_\_\_ Type \_\_\_\_\_ Amps \_\_\_\_\_ Poles (12 max ) \_\_\_\_\_ Coil V \_\_\_\_\_ Other \_\_\_\_\_

Serial # \_\_\_\_\_