

# In-line Silencer Enquiry Form



## Your Details

Name	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
E-mail	<input type="text"/>

## Application Data

Please fill in as much information as possible to help us supply a sizing/quotation for a Vent Silencer.

Project / Reference	<input type="text"/>
Service	<input type="text"/>
Type of gas/vapor	<input type="text"/>
Molecular Weight	<input type="text"/>
Cp/Cv	<input type="text"/>
Flow rate	<input type="text"/>
Pressure at inlet to silencer	<input type="text"/>
Temperature at inlet to silencer	<input type="text"/>
Allowable pressure drop across silencer	<input type="text"/>
Line size for inlet connection	<input type="text"/>
Line size for outlet connection	<input type="text"/>
Line pressure rating	<input type="text"/>
Noise level at inlet	<input type="text"/>
Desired silenced noise level or attenuation	<input type="text"/>

## Comments