



Contact Name:		Today's Date:	
Business Name:		Install Date:	
Email Address:		Mobile/Phone:	
Address:			

> Please provide as much information below as possible <

USAGE: Residential Commercial Industrial Other

Expected number of cycles per day		State	Suburb
Estimated number of users			

SLIDING GATE(S) INFORMATION

Height		Width	
Double		Single	
Incline over	m=	mm	
Gate Weight(s)		Kg	
Construction			
Physical Gate Stops Required =	Closed	Mandatory	Gate Speed Required =
	Open	YES / NO	Standard
			High Speed

> Please tick your preferred voltage, take into consideration the options available for each <

24VDC		240V	
Battery backup		UPS	
Solar power		Three phase	
Separate Transformer		10-20m	20-50m
			100m

> Please tick any accessories you will require <

Keypad(s)	Lock(s)	PE Beams	Edge Sensor	Loop detector(s)
Encoder	Push buttons	Key switch(es)	Transmitters	Other

Special requirements and additional information:

Thank you for your time!
Please send this to us and we will be in touch as soon as possible.

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