



**FOR FAST RESPONSE**, complete form and send  
 via EMAIL  
 engineering@greenleafcorporation.com  
 via FAX  
 814-763-4040

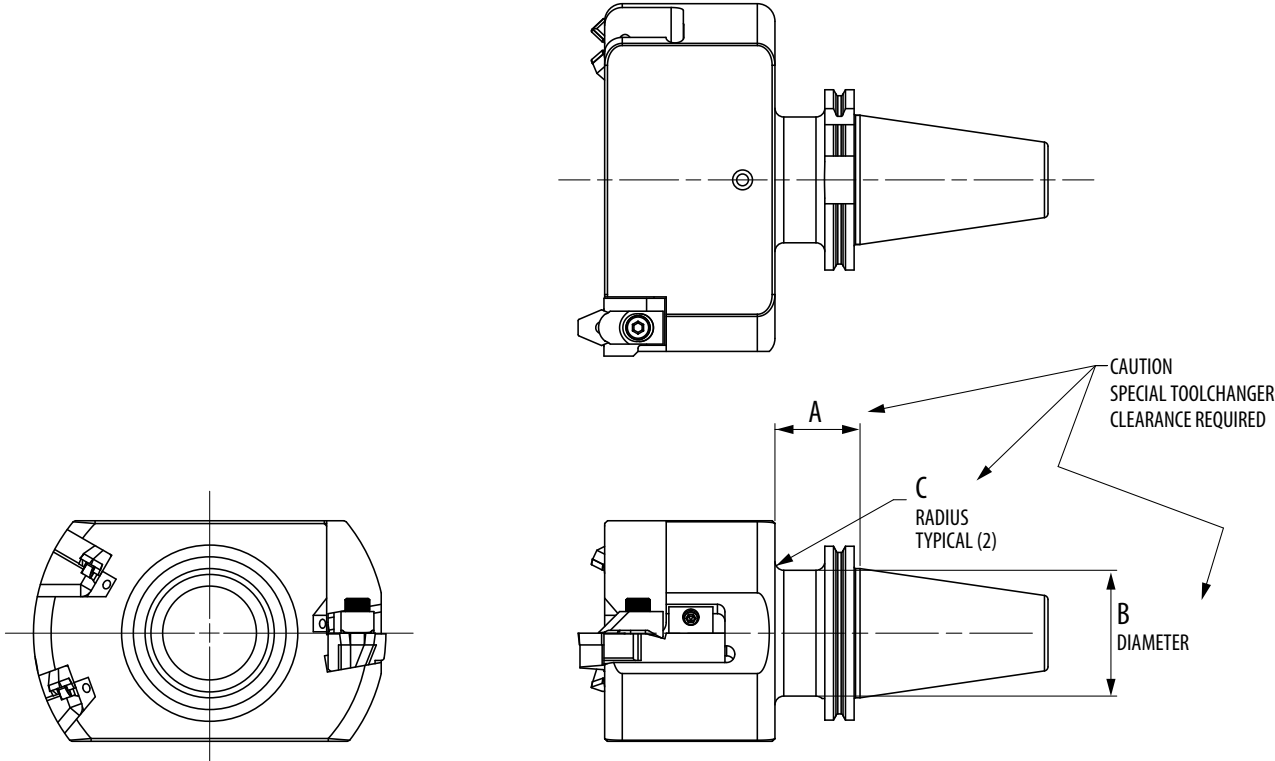
**Special Toolchanger Clearance Request Form**

**Part Information:**

Reference Groove Number: \_\_\_\_\_ Reference Shank Size: \_\_\_\_\_

A distance: \_\_\_\_\_ B diameter: \_\_\_\_\_ C radius: \_\_\_\_\_

Additional comments: \_\_\_\_\_




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Company \_\_\_\_\_ Customer Number \_\_\_\_\_

Attention \_\_\_\_\_ Customer Inquiry Number \_\_\_\_\_

Street \_\_\_\_\_ Ship to City \_\_\_\_\_ Country \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Send Copy to \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_ Sales Rep \_\_\_\_\_ Date Received \_\_\_\_\_

**Due Date** \_\_\_\_\_