



EQUIPMENT RATE INFORMATION REQUEST

Equipment Category (e.g., Excavator): _____

Equipment Type (e.g., Crawler mounted hydraulic excavator): _____

Manufacturer: _____

Model Number: _____

Year: _____

Bucket Capacity (if applicable): _____

Horse Power: _____

Power Mode (Conventional or Diesel): _____

Cab Type: _____

Ton Rating (if applicable): _____

Any additional information: _____

Please fax the above information to:

Company: _____

Contact: _____

Fax Number: _____

Fax this request form to the MITA office at (517) 347-8344