

Excavator Thumb Take-off Sheet

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Machine Make: _____ Machine Model: _____

Operating Weight: _____

Bucket Width: _____ Bucket Make: _____

Number of Teeth: _____

Customer Name: _____

Date: _____

Customer Phone number: _____

Comments/ Special Instructions:

Arm Details:

Please fill in all brackets clearly

Note: Dimensions A, and B are required to determine usable stick length.



