

BAY SURVEY SHEET

CUSTOMER: _____ DATE: _____

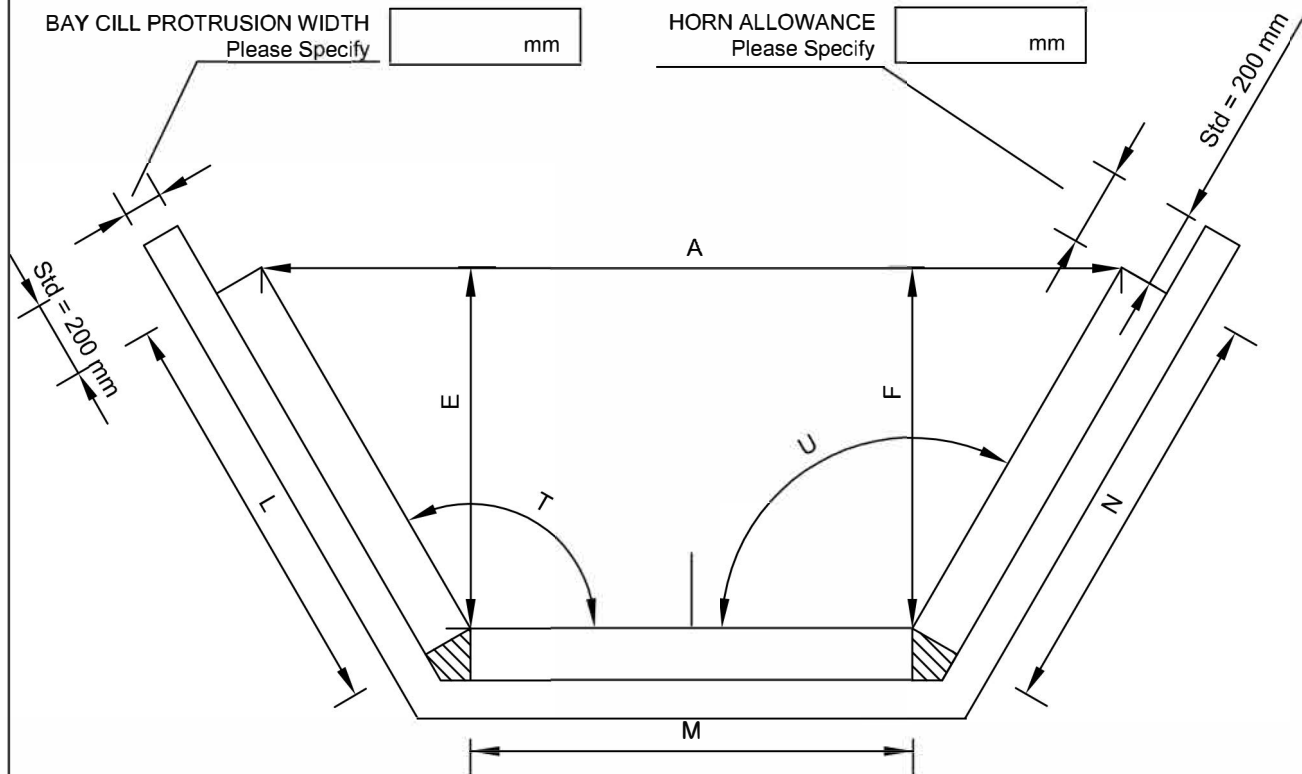
CUSTOMER REFERENCE: _____

PLEASE NOTE: BAY WINDOW ORDERS CANNOT BE PROCESSED UNLESS ALL DIMENSIONS MARKED * ARE SPECIFIED. ALL OTHER SIZES AND ANGLES USEFUL FOR CHECKING PURPOSES.

DIMENSION	SIZE IN MM	DIMENSION	SIZE IN MM	ANGLE	SIZE IN °
*A		*L		T	
*E		*M		U	
*F		*N			

ALSO NOTE: Dimensions L,M,N are to be measured internally.

THREE SEGMENT BAY



Please Specify Base of Cill to Top of Head Height:

PLEASE STATE ANCILLARY PARTS BELOW

INNER REINFORCEMENT FOR POLE REQUIRED

YES NO

Customers Signature

.....