

BAY SURVEY SHEET

CUSTOMER: _____ DATE: _____

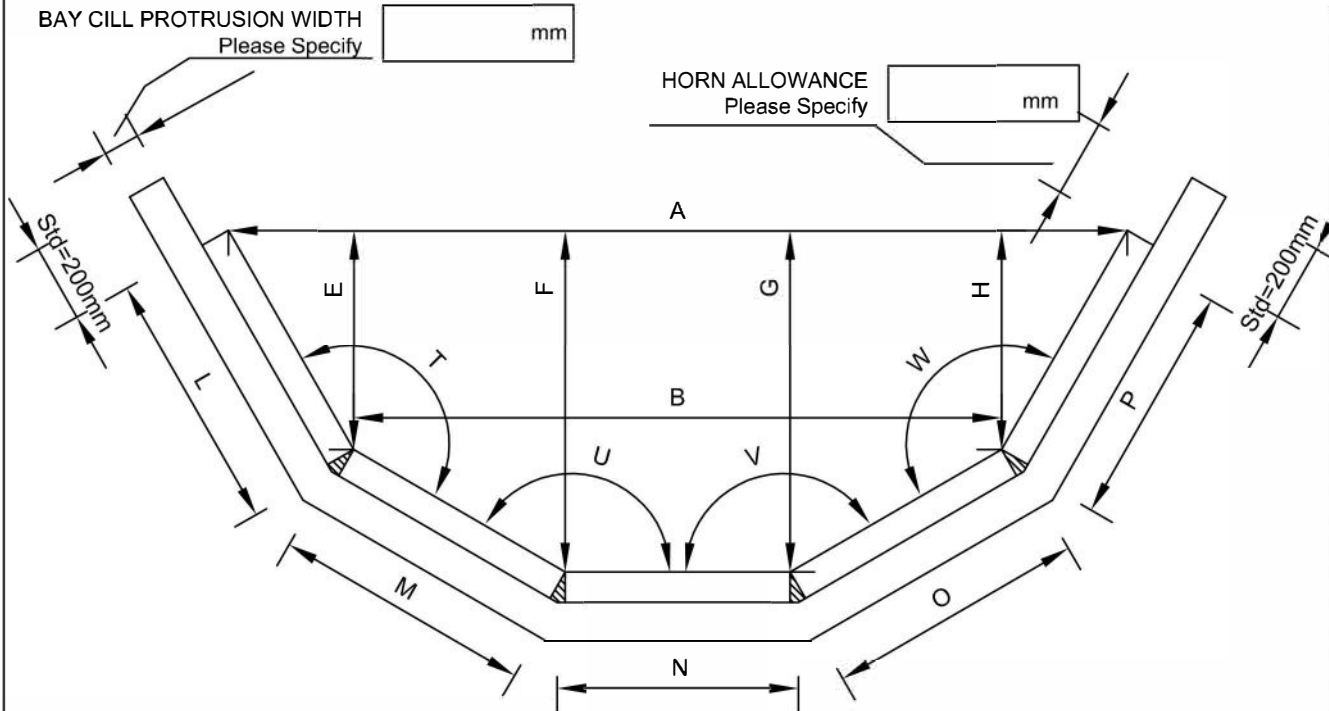
CUSTOMER REFERENCE: _____

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

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

DIMENSION	SIZE IN MM	DIMENSION	SIZE IN MM	ANGLE	SIZE IN °
*A		*L		T	
*B		*M		U	
E		*N		V	
*F		*O		W	
*G		*P			
*H					

FIVE 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

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