

# 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.

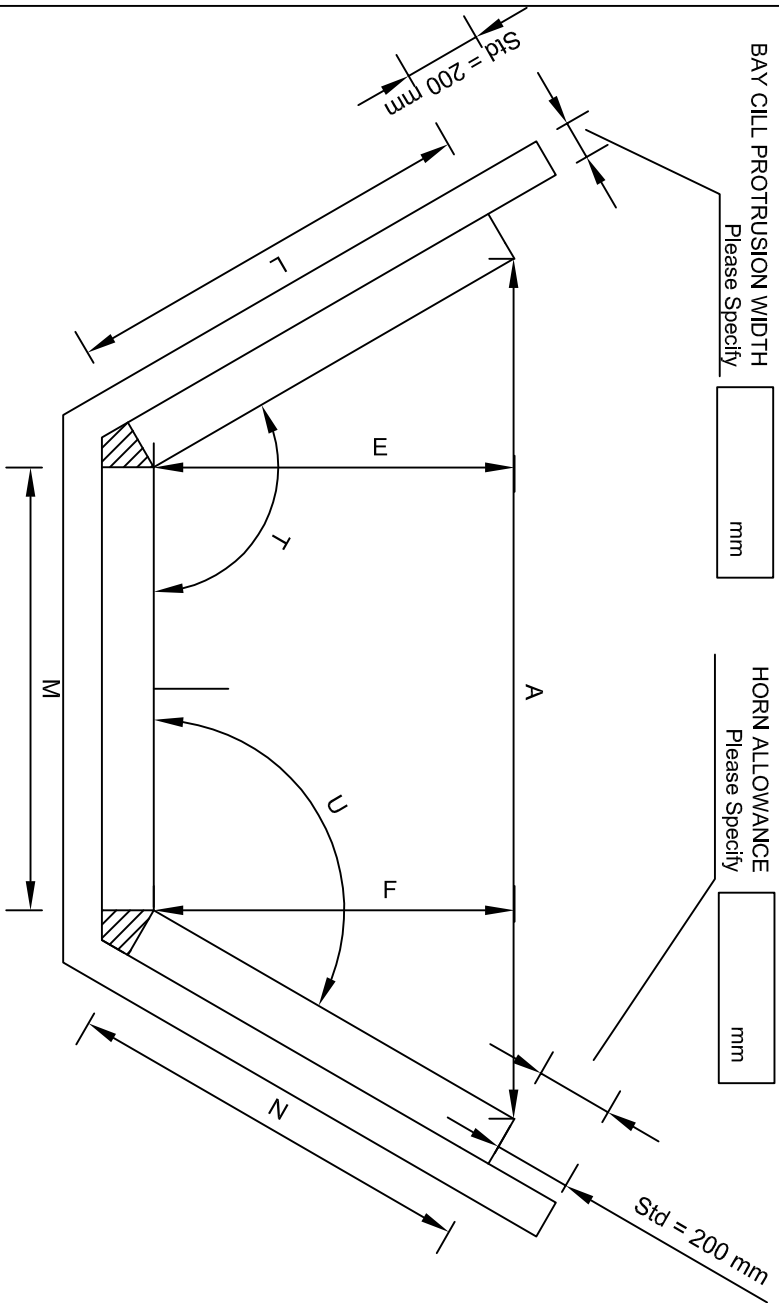
DIMENSION	SIZE IN MM	DIMENSION	SIZE IN MM	ANGLE	SIZE IN °
*A		*L		T	
*E		*M		U	
*F		*N			

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

### THREE SEGMENT BAY

BAY CILL PROTRUSION WIDTH  
Please Specify  mm

HORN ALLOWANCE  
Please Specify  mm



Please Specify Base of Cill to Top of Head Height:

PLEASE STATE ANCILLARY PARTS BELOW

INNER REINFORCEMENT FOR POLE REQUIRED	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Customers Signature

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