

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.

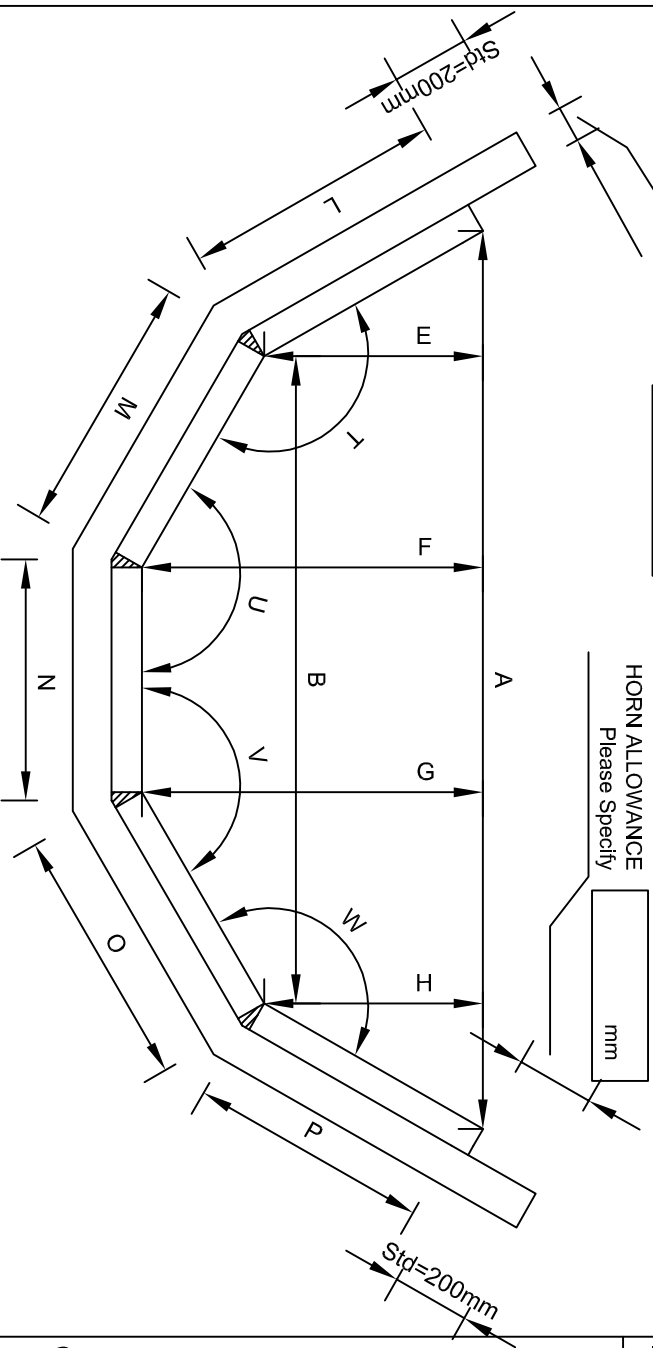
ALSO NOTE: Dimensions L,M,N,O,P are to be measured internally.

| 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

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 |
|-----|----|

Customers Signature

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