

# 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,Q are to be measured internally.

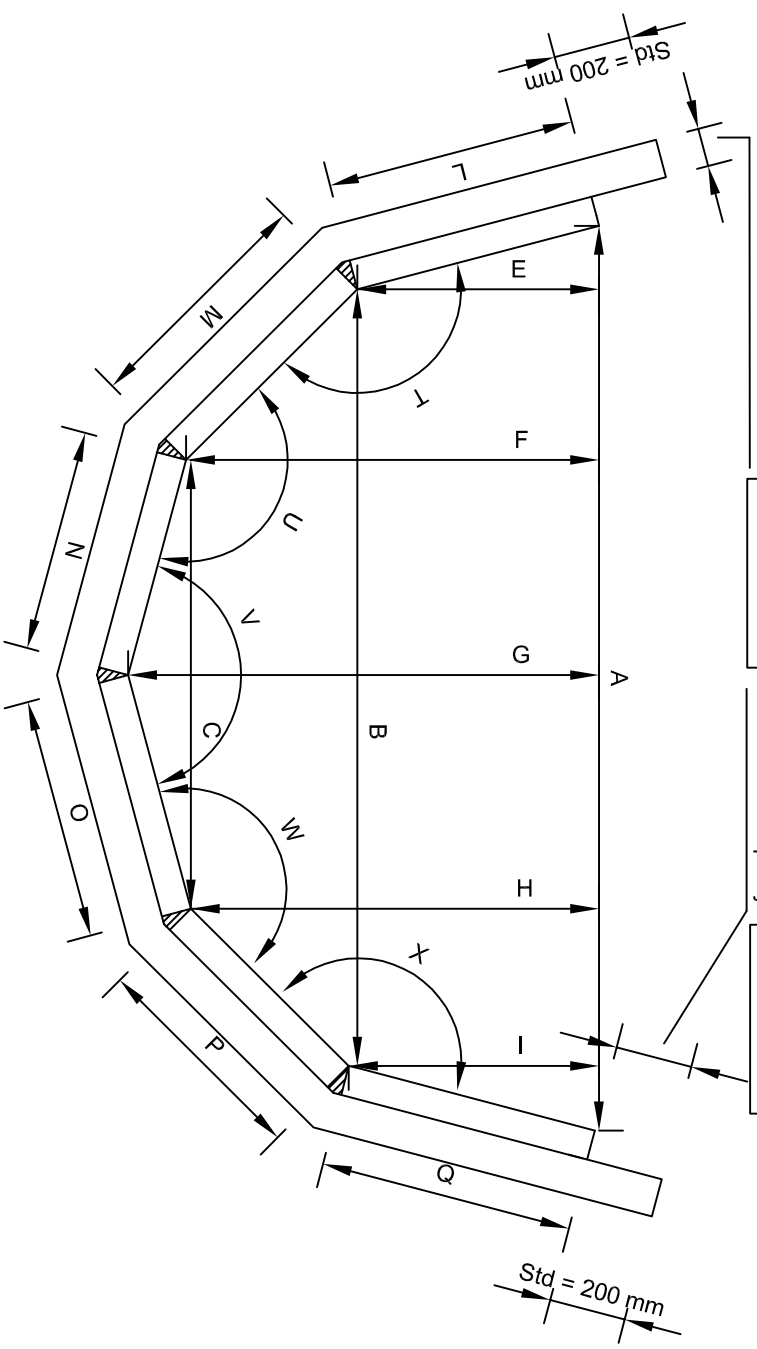
SIX SEGMENT BAY

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

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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