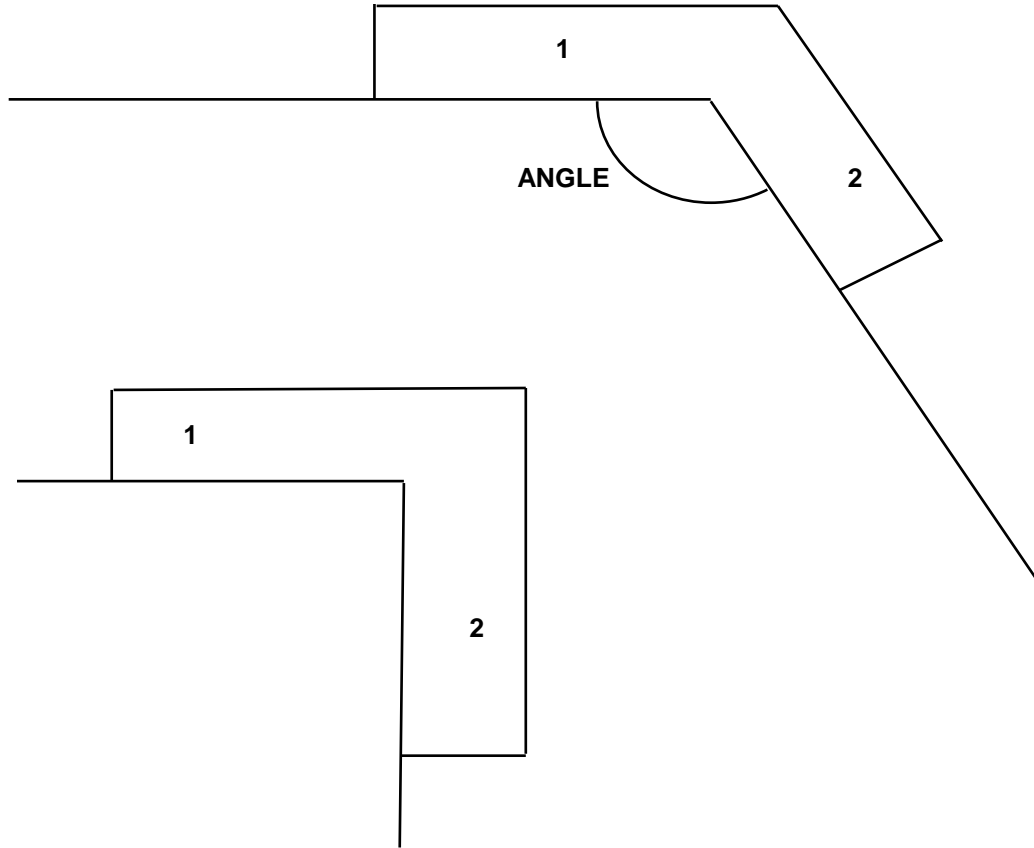


ANGLE WINDOW MEASURE

Date: _____ **Customer:** _____ **S/M:** _____ **Room:** _____



Window 1

Front Width	
Back Width	
Length	
Depth	
Wall Space Left	
Wall Space Right	
Wall Space Above	
Wall Space Below	
Existing Treatments?	

Window 2

Front Width	
Back Width	
Length	
Depth	
Wall Space Left	
Wall Space Right	
Wall Space Above	
Wall Space Below	
Existing Treatments?	