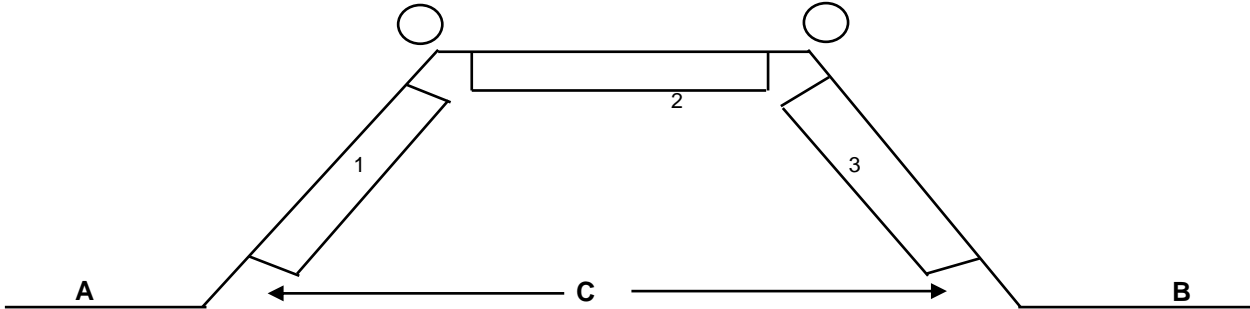


BAY WINDOW MEASURE

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



	Window 1	Window 2	Window 3
IM Width			
IM Length			
FF Width			
FF Length			
Depth			
Wall Space Left			
Wall Space Right			
Wall Space Above			
Wall Space Below			
Existing treatment?			

FOR WALL OUTSIDE OF BAY

Left Wall (A)	
Right Wall (B)	
Opening of Bay (C)	
Wall Above Bay	

ANGLES

Left corner: _____

Right corner: _____