

MEASURE FORM

Date: _____ Page _____ of _____

Account: _____

Customer: _____

Designer: _____

Street: _____

Measure by: _____

City: _____ State: _____ Zip: _____

Measure WO: _____

Phone #s: (H) _____ (C) _____

Qty	Room	IM Measure		FF Measure		Suggested		Wall Space				Window Depth	Existing Treatments
		Width	Length	Width	Length	Control	Stack	LT	RT	Above	Below		

PLEASE NOTE: Installer must be made aware of exact product and type of measure desired (i.e. inside, outside, wall to wall, ceiling to floor) in order for SDP to guarantee measurements. SDP cannot guarantee measurements for products that are not ordered from us. To guarantee measurements, **ORDER NUMBER MUST** be referred to when placing your order. **THIS MEASUREMENT DOES NOT CONSTITUTE AN ORDER.**