

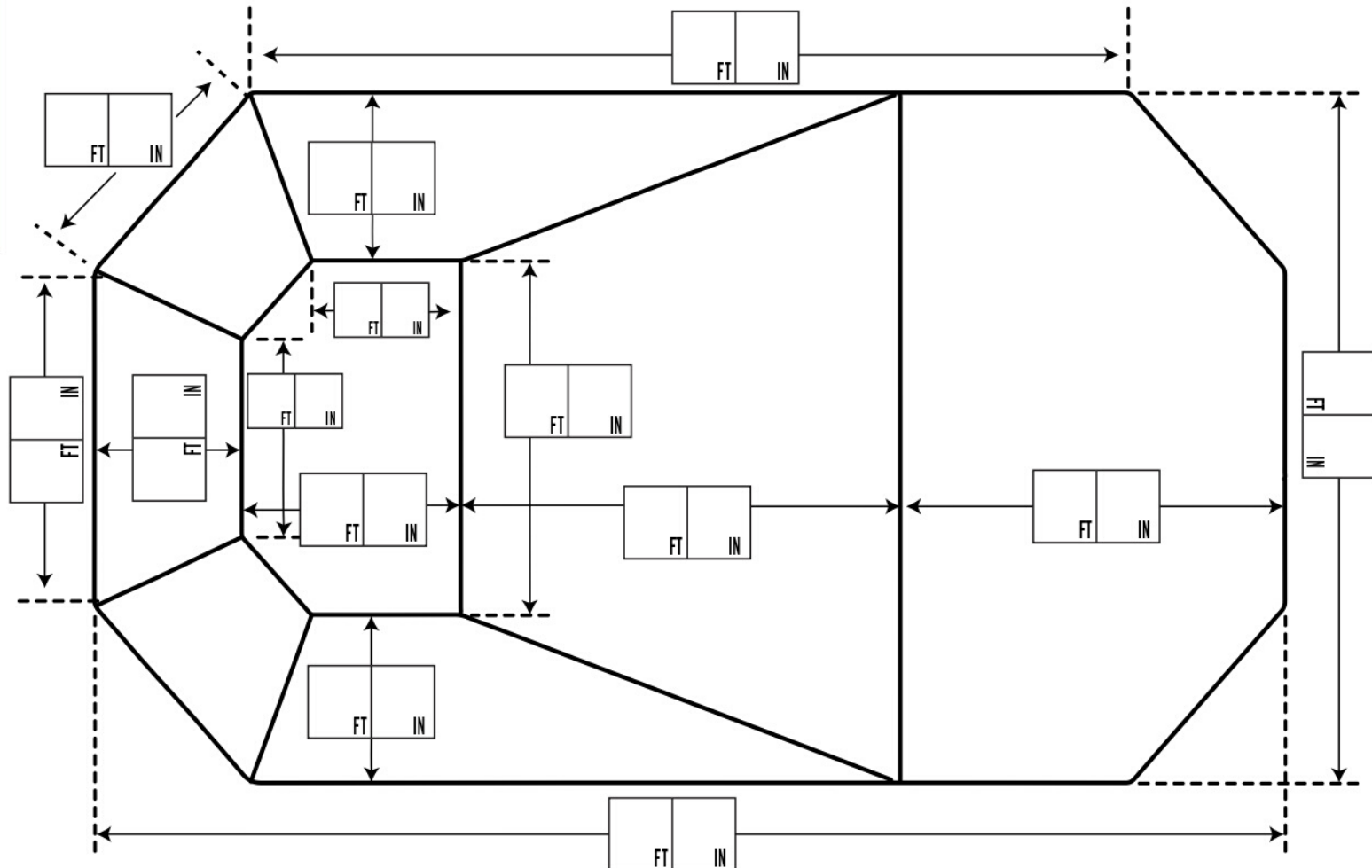
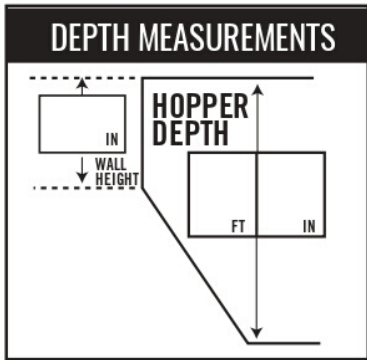
Name \_\_\_\_\_

Date \_\_\_\_\_

<b>CONTACT INFO</b>
PHONE: _____
EMAIL: _____

FIBERGLASS STEPS
<input type="checkbox"/> YES
<input type="checkbox"/> STRAIGHT <input type="checkbox"/> RADIUS
LOCATION <input type="checkbox"/> CENTER SHALLOW END <input type="checkbox"/> OTHER (DRAW IN LOCATION)

VINYL COVERED STEPS
<input type="checkbox"/> YES --> NOTE: STEP MEASURING FORM REQUIRED
LOCATION: <input type="checkbox"/> CENTER SHALLOW END <input type="checkbox"/> OTHER (DRAW IN LOCATION)



**G R E E N I A N**  
 ALL WIDTH MEASUREMENTS MUST ADD UP TO THIS NUMBER.

ALL LENGTH MEASUREMENTS MUST ADD UP TO THIS NUMBER.