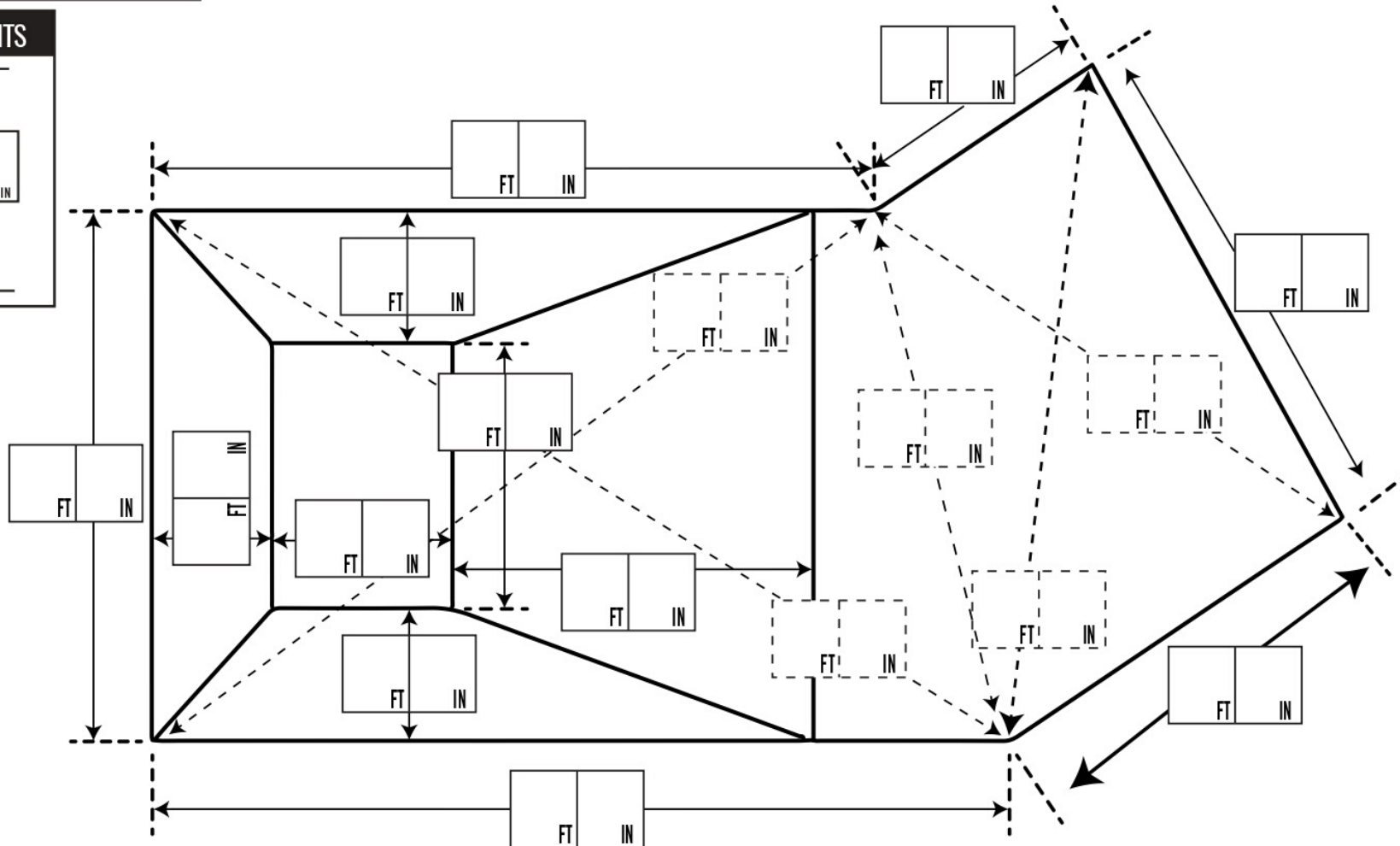
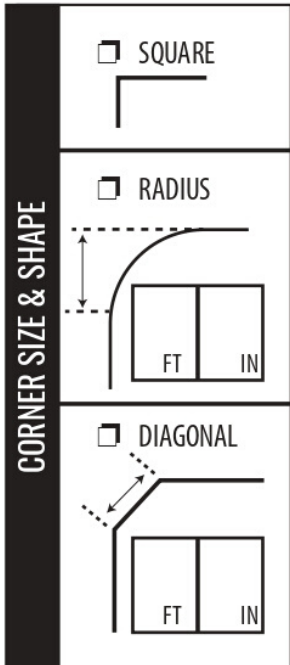
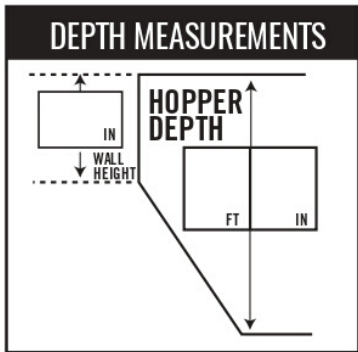


Name \_\_\_\_\_

Date \_\_\_\_\_

CUSTOMER NAME	FIBERGLASS STEPS	VINYL COVERED STEPS
	<input type="checkbox"/> YES --> <input type="checkbox"/> STRAIGHT <input type="checkbox"/> RADIUS	<input type="checkbox"/> YES --> NOTE: STEP MEASURING FORM REQUIRED
CONTACT INFO	LOCATION <input type="checkbox"/> CENTER SHALLOW END <input type="checkbox"/> OTHER (DRAW IN LOCATION)	LOCATION: <input type="checkbox"/> CENTER SHALLOW END <input type="checkbox"/> OTHER (DRAW IN LOCATION)
PHONE:		
EMAIL:		



L  
A  
Z  
Y  
L  
E  
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T