

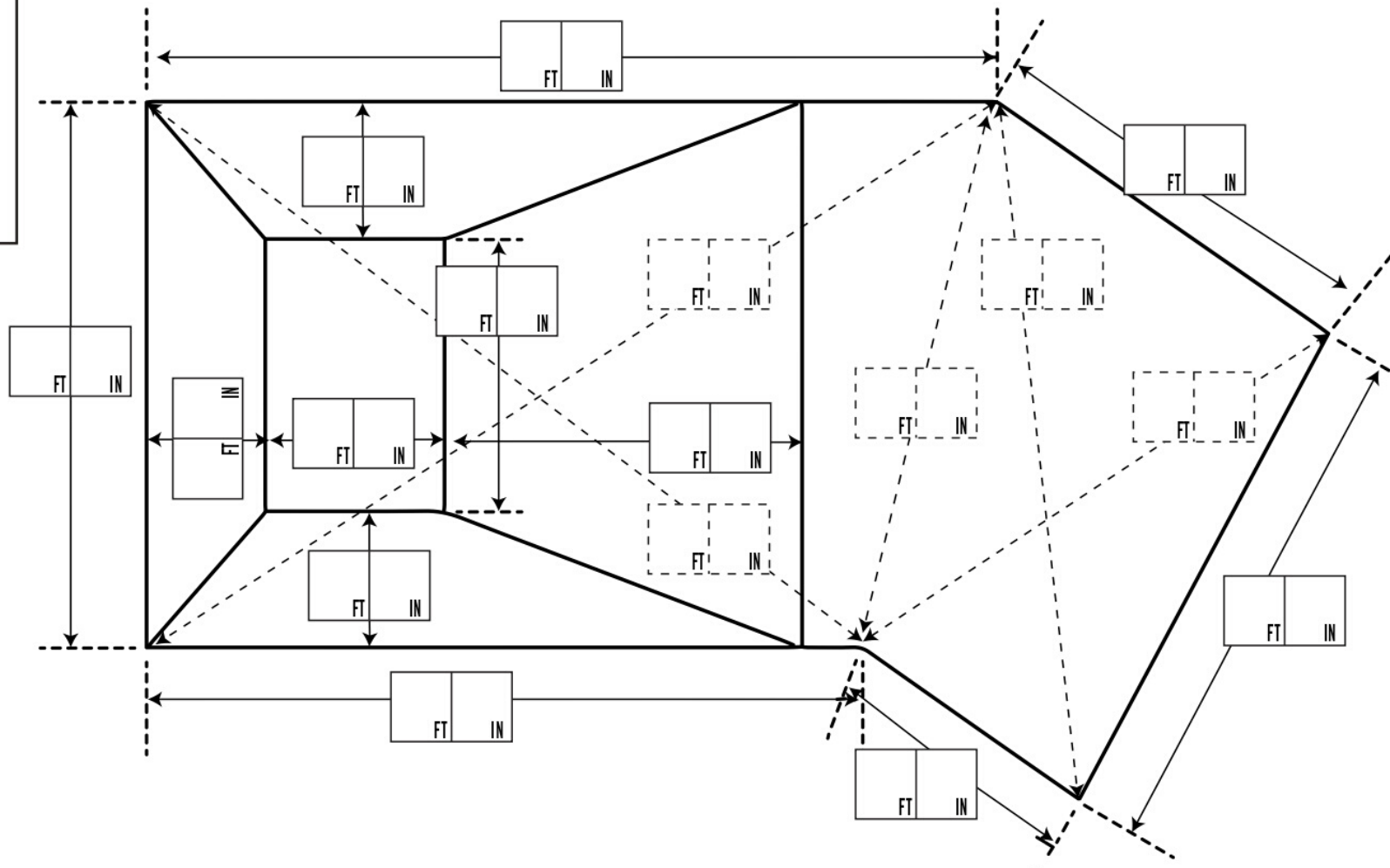
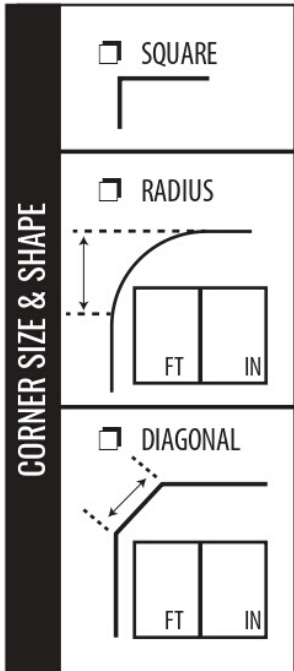
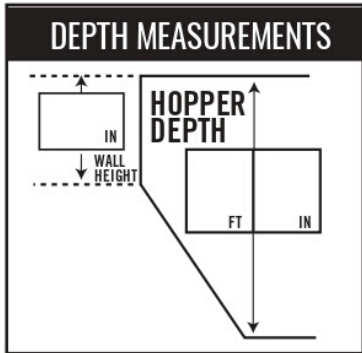
Name _____

Date _____

CUSTOMER NAME
CONTACT INFO
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)



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