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Sign & Date to confirm final measurements

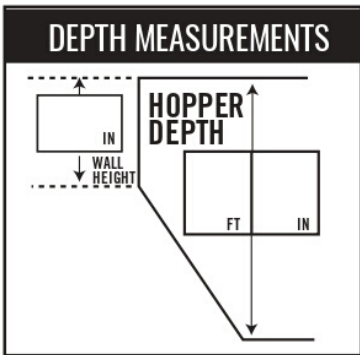
Name \_\_\_\_\_

Date \_\_\_\_\_

| CUSTOMER NAME |
|---------------|
|               |
| CONTACT INFO  |
| PHONE: _____  |
| EMAIL: _____  |

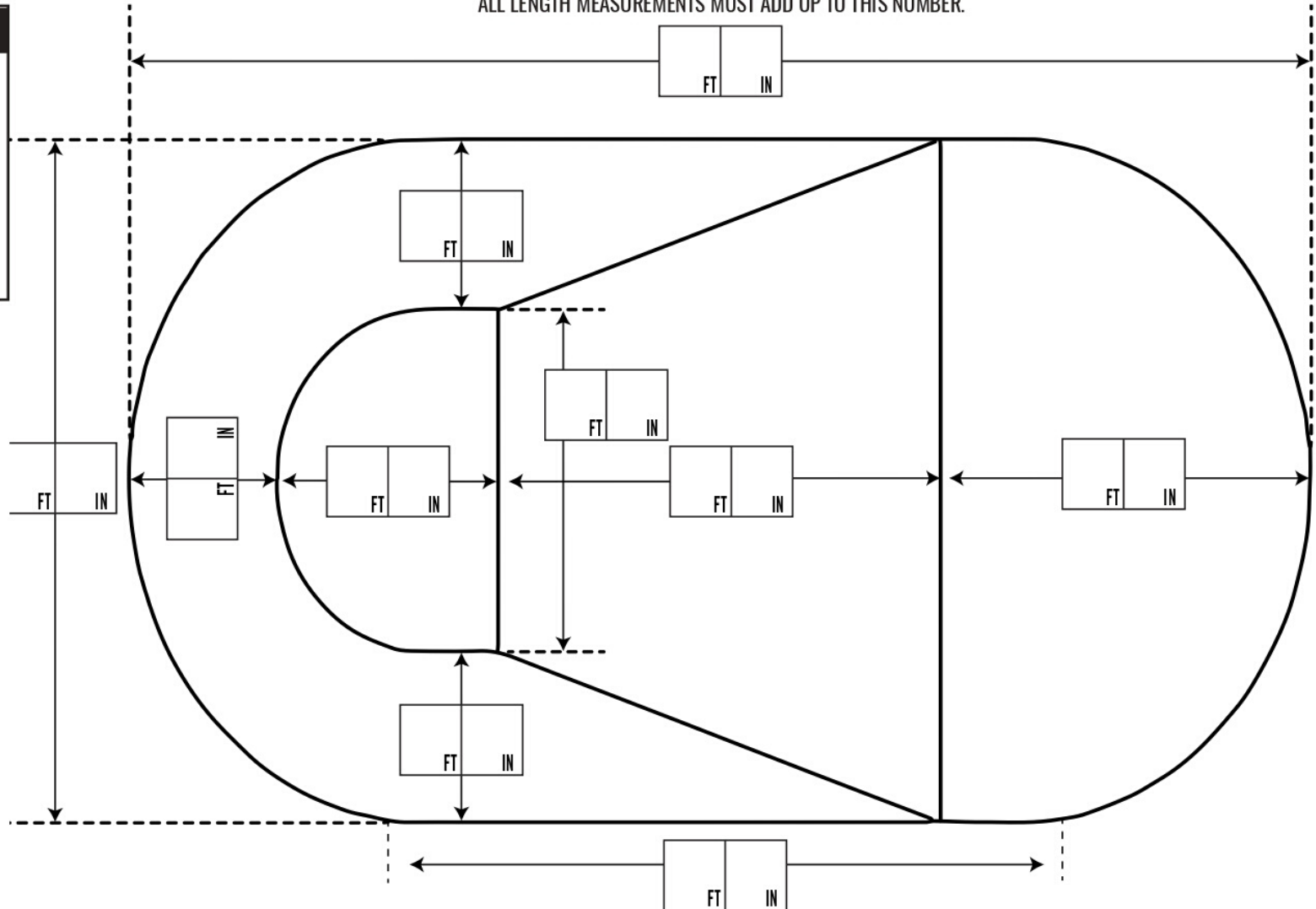
| FIBERGLASS STEPS   |
|--|
| <input type="checkbox"/> YES   |
| <input type="checkbox"/> STRAIGHT <input type="checkbox"/> RADIUS                                      |
| LOCATION <input type="checkbox"/> CENTER SHALLOW END <input type="checkbox"/> OTHER (DRAW IN LOCATION) |

| 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) |



ALL LENGTH MEASUREMENTS MUST ADD UP TO THIS NUMBER.

ALL WIDTH MEASUREMENTS MUST ADD UP TO THIS NUMBER.



O  
V  
A  
L