NYC Elevator Pads, LLC Date: _____

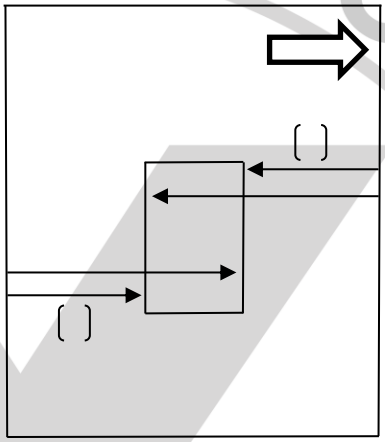
Elevator Pad Survey

Job Site:	Contact:
Invoice #	Phone:

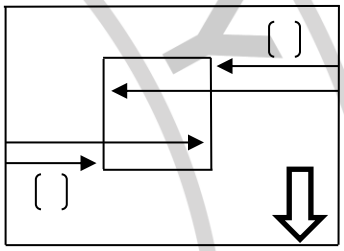
Panel Measurements:

	Height	Width	Studs
Panel A:			
Panel B:			
Panel C:			
Panel D:			
Panel E:			
Panel F:			
Panel G:			

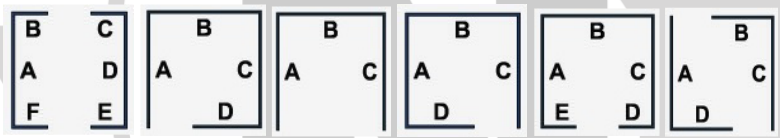
Car Station Cut Out:



Top:	Left:
Bottom:	Right:



Cab Type:



[ ] [ ] [ ] [ ] [ ] [ ] [ ] (custom)

Top:	Left:
Bottom:	Right:

Extra Cut Out [ ]

Choose Optional Items:

Studs: ☐ Yes ☐ No / Stud Install: ☐ Yes ☐ No
Mirror: ☐ Yes ☐ No / Camera: ☐ Yes ☐ No /
Grommets: ☐ ___ / Suction Cups: ☐ ___ / Hooks: ☐ ___
Stainless Steel: ☐ / Glass: ☐ / Wood: ☐ Brass: ☐ ___
Heavy Duty: ☐ / Standard: ☐ / Expedite:
Other _____

Stud Measurement: **Delivery Date**:

A:								
B:								
C:								
D:								
E:								
F:								
G:								