Window Coverings Take-Off and Measurements

Purpose of take-off: ☐ Shutters ☐ Blinds ☐ Sun Screens

Requested by: _____ Date: _____

Builder or Designer: _____

Homeowner (If Spec, please indicate): _____

Contact Name: _____ Phone: _____

Job Address: _____

Addition: _____

Cross Streets: _____

Gate Code: _____

Lock Box Code: _____

Special Instructions: _____

_____

_____

_____

Reprint from our 'forms' page: Window Take-Off Cover Sheet

$50 Measurement Fee paid on Invoice:

_____

LifeStyles®
Lighting Hardware Furniture
Window Coverings

This take-off contains

PAGES

Take-offor: _____