

TEXTON

Measure Request Form

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Highrise | <input type="checkbox"/> Tall Ladder _____ ft |
| <input type="checkbox"/> Template | <input type="checkbox"/> Gate Code _____ |
| <input type="checkbox"/> Takedown | <input type="checkbox"/> Trip Charge _____ RT Miles |

Account #: _____ Date: _____

Scheduling Information

Account Holder: _____

Phone #: _____

Home Owner: _____

Phone #: _____

Measure Information

Sidemark: _____

Address: _____

City: _____ Zip: _____

How many windows? _____

Entry	# _____	Product: _____	<input type="checkbox"/>	Motorized	<input type="checkbox"/>	Manual	<input type="checkbox"/>	Arch _____
Study	# _____	Product: _____	<input type="checkbox"/>	Motorized	<input type="checkbox"/>	Manual	<input type="checkbox"/>	Arch _____
Living Rm	# _____	Product: _____	<input type="checkbox"/>	Motorized	<input type="checkbox"/>	Manual	<input type="checkbox"/>	Arch _____
Dining Rm	# _____	Product: _____	<input type="checkbox"/>	Motorized	<input type="checkbox"/>	Manual	<input type="checkbox"/>	Arch _____
Breakfast	# _____	Product: _____	<input type="checkbox"/>	Motorized	<input type="checkbox"/>	Manual	<input type="checkbox"/>	Arch _____
Kitchen	# _____	Product: _____	<input type="checkbox"/>	Motorized	<input type="checkbox"/>	Manual	<input type="checkbox"/>	Arch _____
Family Room	# _____	Product: _____	<input type="checkbox"/>	Motorized	<input type="checkbox"/>	Manual	<input type="checkbox"/>	Arch _____
Powder Bath	# _____	Product: _____	<input type="checkbox"/>	Motorized	<input type="checkbox"/>	Manual	<input type="checkbox"/>	Arch _____
Master Bedrm	# _____	Product: _____	<input type="checkbox"/>	Motorized	<input type="checkbox"/>	Manual	<input type="checkbox"/>	Arch _____
Master Bath	# _____	Product: _____	<input type="checkbox"/>	Motorized	<input type="checkbox"/>	Manual	<input type="checkbox"/>	Arch _____
Bedroom #1	# _____	Product: _____	<input type="checkbox"/>	Motorized	<input type="checkbox"/>	Manual	<input type="checkbox"/>	Arch _____
Bedroom #2	# _____	Product: _____	<input type="checkbox"/>	Motorized	<input type="checkbox"/>	Manual	<input type="checkbox"/>	Arch _____
_____	# _____	Product: _____	<input type="checkbox"/>	Motorized	<input type="checkbox"/>	Manual	<input type="checkbox"/>	Arch _____
_____	# _____	Product: _____	<input type="checkbox"/>	Motorized	<input type="checkbox"/>	Manual	<input type="checkbox"/>	Arch _____

Notes _____

The Account Holder will be present at the measure.

The Account Holder will not be present at the measure.**

***Texton is responsible for the measurement of the windows. Design decisions and product placement is the responsibility of the account holder.*

** Multiple trips to measure the same job will be chargeable each time we measure.*