

DIRECT BLINDS - SANTA FE SHUTTER SURVEY

| | |
|---------|--|
| Name | MARY O'SULLIVAN |
| Address | 8 UPPER 12 GRANEMOUNT SUNDAYS WELL SUTTON HILL |
| Date | 7-1-22 |
| TC No. | 6834 |

| | |
|-----------------|---------|
| Range | HAMPDEN |
| Color | |
| Additional work | |

| | |
|---------------------------------------|--|
| Additional Information / Requirements | |
|---------------------------------------|--|

* REMEASURES, GETTING NEW WINDOWS * MS MARGET

| No. | Room | Measurements | | Panel Layout | Shutter Type | Shutter Design | Louver size | Midrail | Tilt Option | Frame Type | Frame | | Frame Top | Frame Bottom | Stile Option | T Post | Batton | |
|-----|------------|--------------|--------|--------------|--------------|----------------|-------------|---------|-------------|------------|-------|-------|-----------|--------------|--------------|--------|--------|--|
| | | Width | Height | | | | | | | | Left | Right | | | | | | |
| 1 | F. BED | 1100 | 1760 | | | | | | | | | | | | | | | |
| 2 | R | 1040 | ✓ | | | | | | | | | | | | | | | |
| 3 | F. BED LHS | 780 | 1530 | | | | | | | | | | | | | | | |
| 4 | F. BED RHS | 760 | 1535 | | | | | | | | | | | | | | | |
| 5 | STAIRS | 870 | 1222 | | | | | | | | | | | | | | | |
| 6 | B. BED RHS | 857 | 1257 | | | | | | | | | | | | | | | |
| 7 | W. BED | 2192 | 992 | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | |

* CONFIRM ALL *
 FILE
 Phone back in March

F-Post measurements (left had side to centre of each post)

| No. | Room | Post 1 | Post 2 | Post 3 | Post 4 |
|-----|------|--------|--------|--------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Uneven Panels (Each panel measured from L/R inclusive of frame)

| No. | Room | Break 1 | Break 2 | Break 3 | Break 4 |
|-----|------|---------|---------|---------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
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Mid Rail position (from the bottom)

| No. | Room | Height |
|-----|------|--------|
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| | | |

I am happy with the information carried out in the survey, and I understand that no changes can be made once ordered and there is no refund of deposit.

| | |
|--------------------|--|
| Customer Signature | |
| DATE ORDERED | |

Diagrams / Sketches P.T.O.