

# AMPTON BLINDS

CUSTOMER NAME: *V. V. [unclear]*

*S. VERMONT WAY  
EAST PITSFIELD BR16 15X*

PHONE: *978 477 1111*

EMAIL: \_\_\_\_\_

LOCATION: *KIT.*  
BRACKET TYPE:  
SIZE: (R) (B) (G)

BLIND TYPE: *Velux*  
FABRIC:  
CNTL/DRW:

*LEFT  
976*

*RIGHT  
976*

*815*

*815*

*FOR VIEW*

*GLASS SIZE*  
W: \_\_\_\_\_ D: \_\_\_\_\_

INSTALL: *9*

LOCATION: *KIT (SINK)*  
BRACKET TYPE:  
SIZE: (R) (B) (G)

BLIND TYPE: *TO CONFIRM  
WHEN INSTALLED*  
FABRIC:  
CNTL/DRW:

*1175*

*1004*

W: \_\_\_\_\_ D: \_\_\_\_\_

INSTALL: *2100*

LOCATION:

BLIND TYPE: