

LEHAMPTON BLINDS

CUSTOMER NAME: *SHAUN MOODS*

Stained

RESS: *12 LAWRENCE AVE*

PHONE:
EMAIL:

LOCATION: *B2 - (FRONT)* BLIND TYPE: *FAUX*
 BRACKET TYPE: FABRIC:
 SIZE: *(R)* (B) (G) CNTL/DRW: *SPLIT.*



LOCATION: BLIND TYPE:
 BRACKET TYPE: FABRIC:
 SIZE: (R) (B) (G) CNTL/DRW:



W: *2004* D: *96* INSTALL: *1910.*

W: D: INSTALL:

LOCATION: BLIND TYPE:

LOCATION: BLIND TYPE:
 BRACKET TYPE: FABRIC: