



DATE: _____

NAME: _____

PHONE: _____

JOB DESCRIPTION: _____

Use this form to measure
for your drapery job
TEXT A PICTURE TO:
859-229-4023

WINDOW #1:

OUTER FRAME: _____

INNER FRAME: _____

CEILING LENGTH: _____
(from top of outer frame to ceiling OR molding)

FLOOR LENGTH: _____
(top of outer frame to floor)

OUTSIDE SILL LENGTH: _____

INSIDE SILL LENGTH: _____

LONGEST DROP: _____
(for valances, cornices, or faux roman shades)

WINDOW #2:

OUTER FRAME: _____

INNER FRAME: _____

CEILING LENGTH: _____
(from top of outer frame to ceiling OR molding)

FLOOR LENGTH: _____
(top of outer frame to floor)

OUTSIDE SILL LENGTH: _____

INSIDE SILL LENGTH: _____

LONGEST DROP: _____
(for valances, cornices, or faux roman shades)