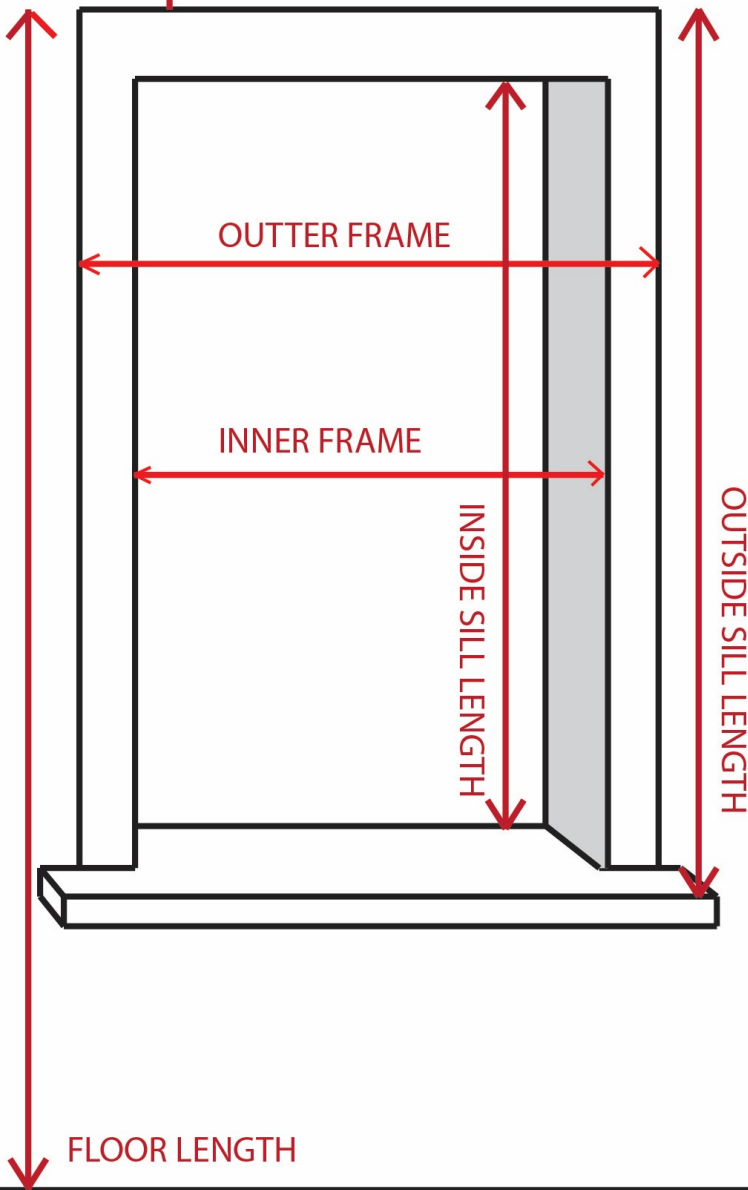


CEILING



CEILING LENGTH



FLOOR LENGTH

FLOOR

DATE: _____

NAME: _____

PHONE: _____

JOB DESCRIPTION: _____

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

WINDOW #1

WINDOW #2

OUTSIDE SILL LENGTH: _____

OUTSIDE SILL LENGTH: _____

INSIDE SILL LENGTH: _____

INSIDE SILL LENGTH: _____

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

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

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

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

OUTTER FRAME: _____

OUTTER FRAME: _____

INNER FRAME: _____

INNER FRAME: _____