



MEASURE REQUEST FORM

PLEASE COMPLETE THIS FORM AND FAX TO RACHEL AT 815-363-5907.

CONTRACTOR/DESIGNER NAME: _____

CONTACT NAME: _____ PHONE: _____

JOB REFERENCE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ROOM: _____

MATERIAL NAME: _____ TAGGED AT: _____ DATE: _____

EDGE DETAIL _____

BACKSPASHES: Y N HEIGHT _____

SINK MODEL: _____ FARM SINK: Y N

FAUCET MODEL: _____ # OF HOLES: _____

COOKTOP: Y N DOWNDRAFT: Y N

DEPOSIT PAID N/A PAYMENT THRU HOMEOWNER

CONTRACT SIGNED

IF THIS FORM HAS BEEN COMPLETED AND SENT IN, YOU WILL BE SCHEDULED FOR MEASURE WITH A 6 DAY TURNAROUND FOR INSTALLATION. (LAMINATED EDGES EXCLUDED)

IF ANY OF THE ABOVE INFORMATION IS MISSING, A FIELD MEASURE WILL NOT BE SCHEDULED.

IF ANY APPLIANCES ARE MISSING AT FIELD MEASURE, THE MEASURE WILL NOT BE COMPLETED AND YOU WILL NEED TO RESCHEDULE WITH LISA IN THE OFFICE. IN THIS CASE, A TRIP CHARGE OF \$150.00 WILL BE ASSESSED.

I VERIFY THAT ALL OF THE INFORMATION IS CORRECT AND UNDERSTAND THAT ANY CHANGES MADE WILL REMOVE THIS JOB FROM THE SCHEDULE.

ACCEPTED: _____ DATE: _____