

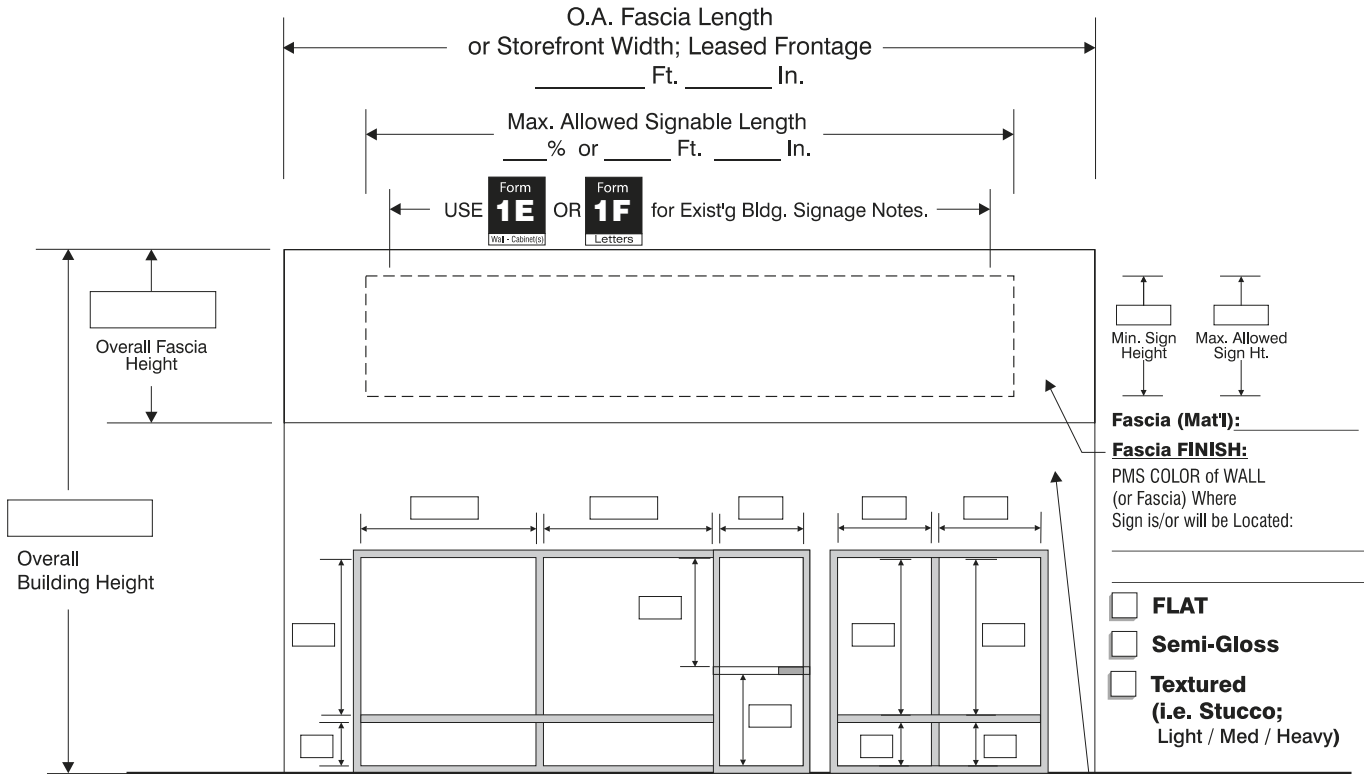
**WALL/BLDG ELEV.**

3

Measurement Survey

**Please Note: Dualite will manufacture product based on the information you provide on this form. Please be exact in providing information.**

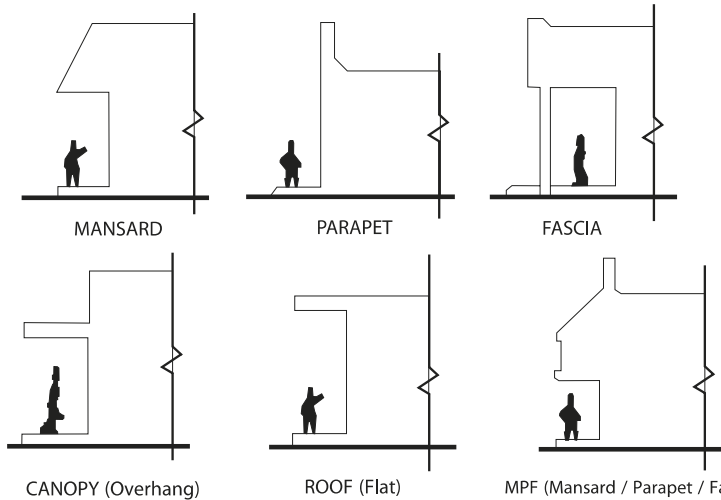
Location \_\_\_\_\_ Contact \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Project Name \_\_\_\_\_



\*Measure inside dimensions (between glass mullions) on all doors and windows.  
 Please note dimensions on rough sketch (separate pages, if needed) and include photographs.

**Wall CONSTRUCTION:** \_\_\_\_\_  
**Type of Wall (Material):** \_\_\_\_\_

Please Circle Applicable Building Profile or Provide Sketch if Other Type:



**Is there Access for Remote Transformer Placement ?**

If Yes, Where ? \_\_\_\_\_ or  No

How far away ? \_\_\_\_\_

**Is Primary Electrical Service available ?**

Yes or  No

**EXIST'G VOLTAGE:** \_\_\_\_\_ (120. 240. 277. etc.)

**If yes, Is it Close Enough for Hook-Up ?**

Yes or  No



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