Window Measure Form

Project Information

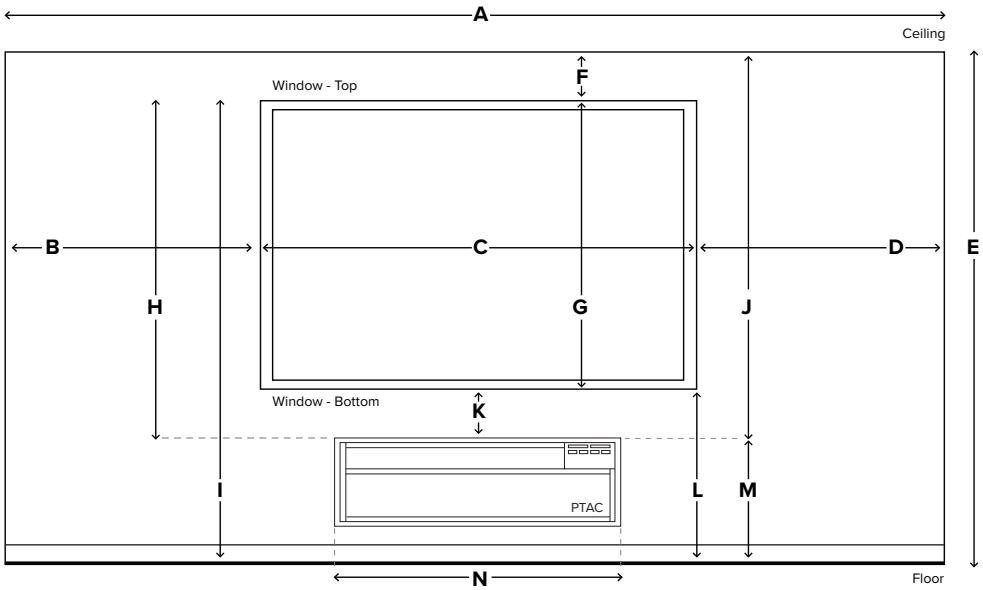
Customer Name:	
Property Name:	
Property Address:	
Property Contact Name:	
Property Contact Phone:	
Property Contact Email:	
Room # Measured:	
Measured Window Quantity:	
Hardware Type: ○ New Hardware (Rods) ○ Existing Hardware*	
Draw of Existing Treatments: ○ Center ○ Left Stack ○ Right Stack	
Build Type: ○ New Construction ○ Renovation	
Ceiling Type: ○ Concrete ○ Drywall ○ Suspended ○ Other:	
Wall Type: ○ Concrete ○ Plaster ○ Drywall ○ Other:	
Wall Stud Type: ○ Steel ○ Wood ○ Other:	
Optional PO#/ACK#:	

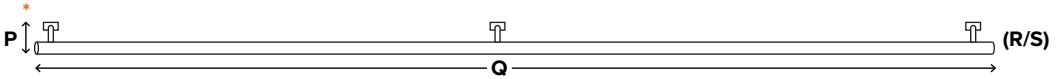
Verification of Review

By signing below, I acknowledge my understanding that the above measurements will be utilized for quoting purposes only. Threadwell will not warrant product for fit or performance if manufactured to measurements provided by others.

Signature: _____ Print Name: _____

Title: _____ Date: _____





Measurement Index (In Inches)			
A Wall to Wall		**J** Ceiling to PTAC	
B Wall Space (L)		**K** Bottom of Window to PTAC	
C Window Width		**L** Bottom of Window to Floor	
D Wall Space (R)		**M** PTAC to Floor	
E Ceiling to Floor		**N** PTAC Width	
F Ceiling to Top of Window		**P** Return	
G Window Length		**Q** Rod Width	
H Top of Window to PTAC		**R** # of Carriers on Rod	
I Top of Window to Floor		**S** Draperies Finished Length	

*Complete values **P-S** only when existing rods are used

THREADWELL

Please call (800) 462-2805 with any questions. Email this completed form to **sales@threadwell.co**