

DISTRIBUTOR: _____

CONTRACTOR: _____

JOB NAME: _____

PHONE: _____

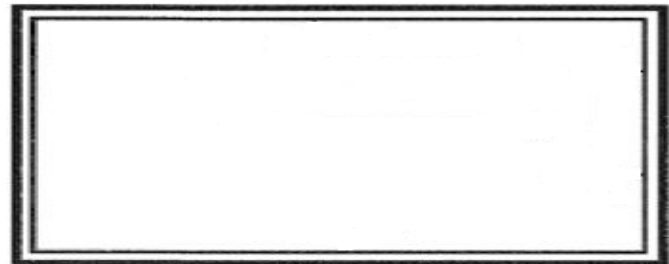
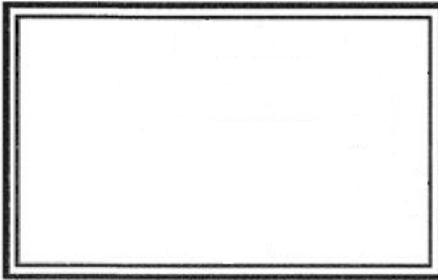
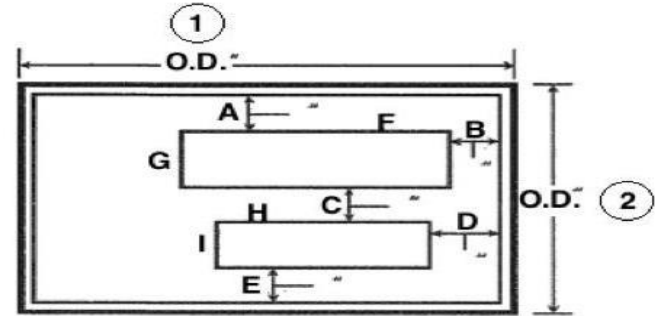
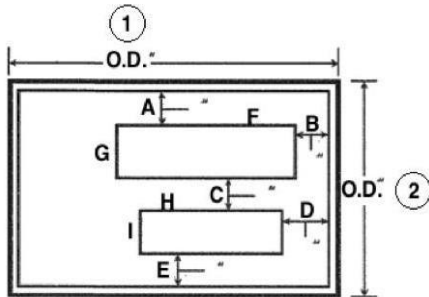
EMAIL: _____

Field Measurement Form

Existing Manufacturer: _____

1. Indicate location of drops and label "Supply" or "Return"
2. Provide outside dimensions (labeled as O.D.)
3. Provide dimensions for Supply and Return.
4. Add any other necessary dimensions

In the blank box, please label SUPPLY and RETURN using the following symbols:



A	B	C	D	E	F	G	H	I	O.D. 1	O.D. 2

All dimensions must be recorded accurately and clearly. Maryland Curb & Fabrication is not responsible for any contractor errors.

Contractor Name _____

Signature _____

Date _____