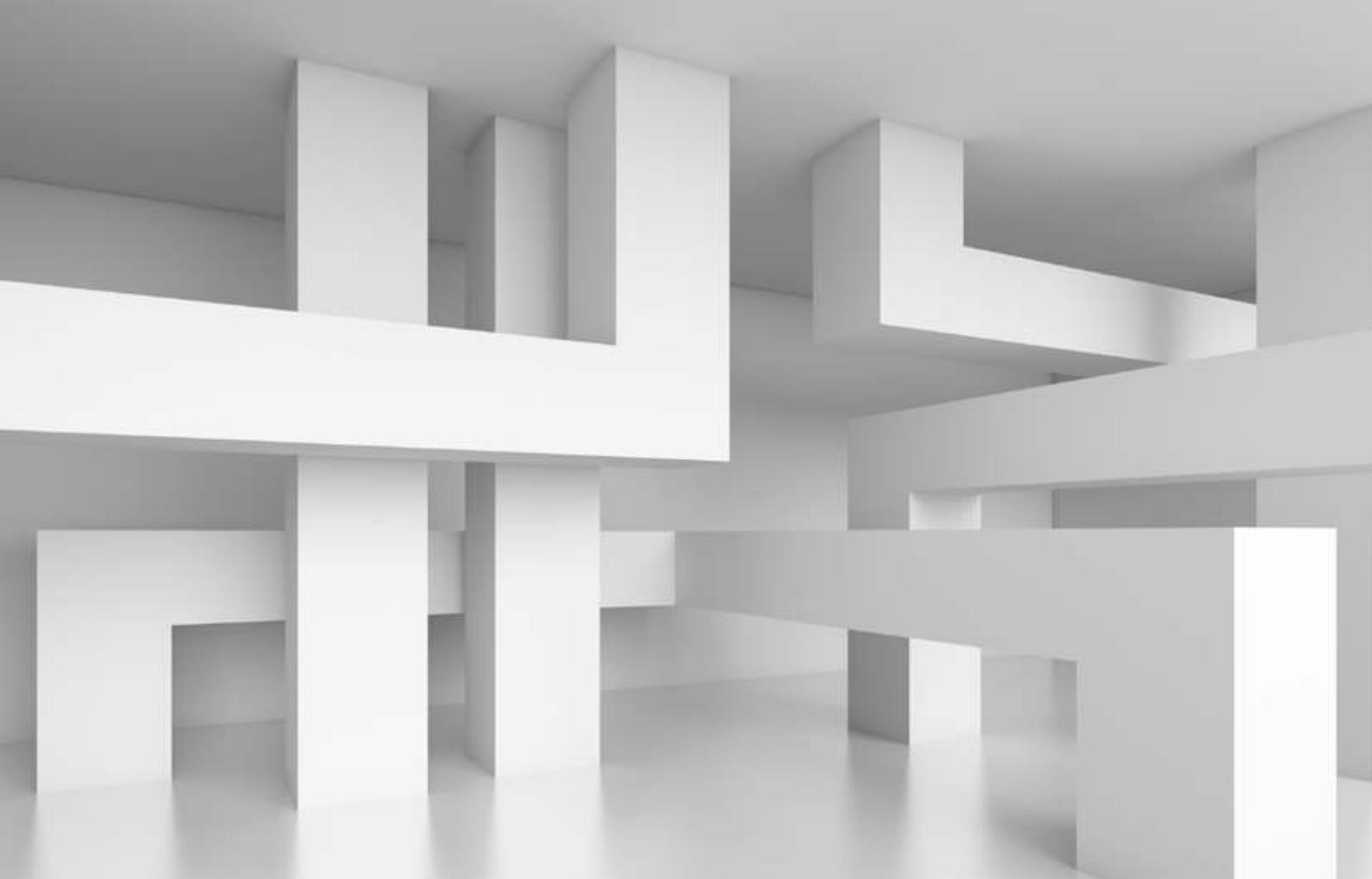




SURVEY MEASUREMENT SHEETS **SHOWER ENCLOSURE**

 megius

Rev. 02 - Gen. 2019

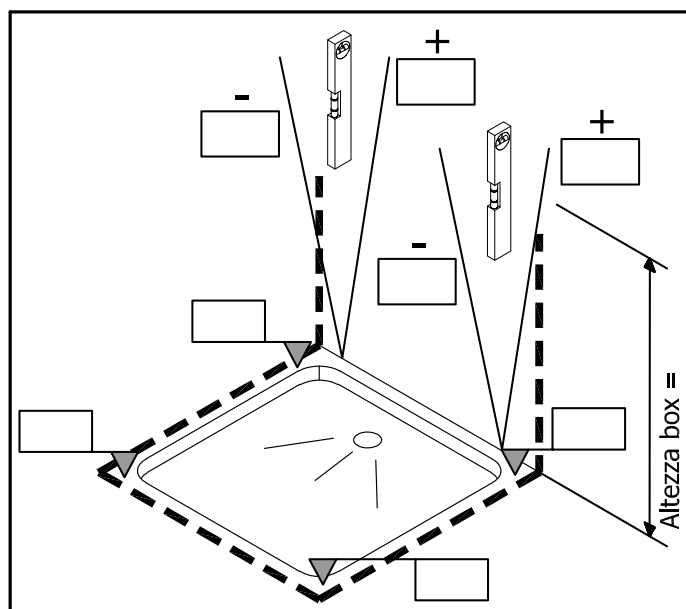
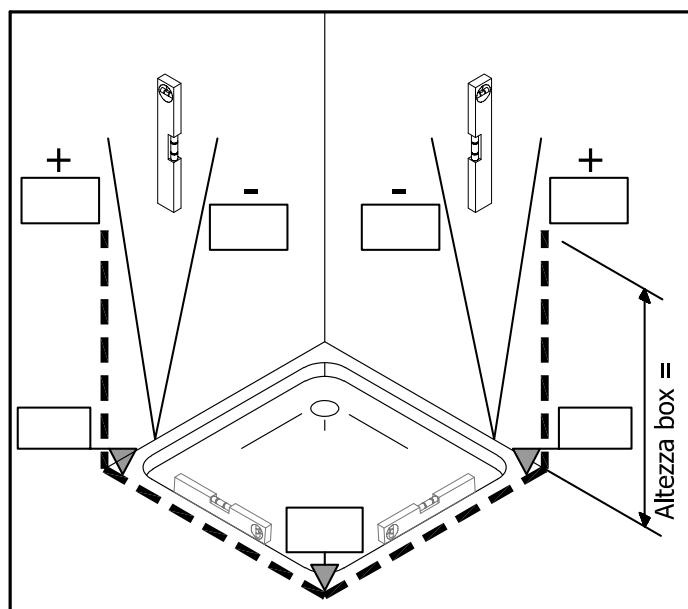
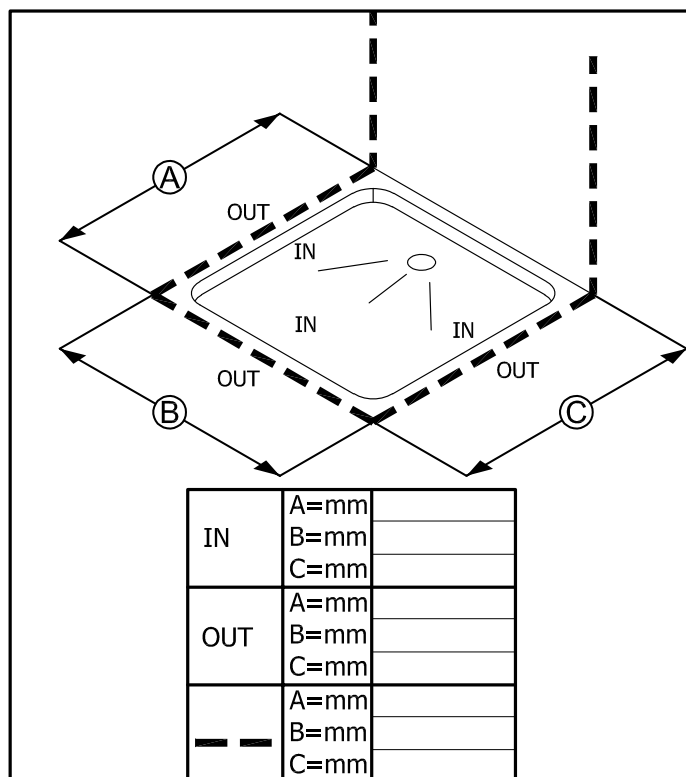
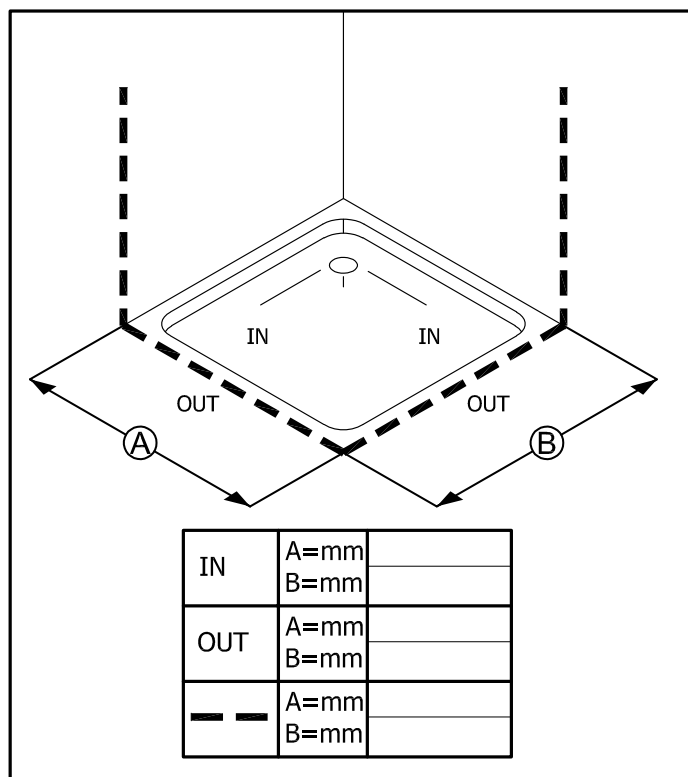
SPECIAL DIMENSIONS MODULE



Date _____
 Customer _____
 Measurement by Mr./Mrs. _____
 Client _____

☐ Quotation

☐ Order



Model Description _____

Glass Finish _____

Profile Finish _____

Total Box Height _____

Shower tray height _____

Floor Mounting ☐ Yes ☐ No

Kit Protective ☐ Yes ☐ No

Signature _____

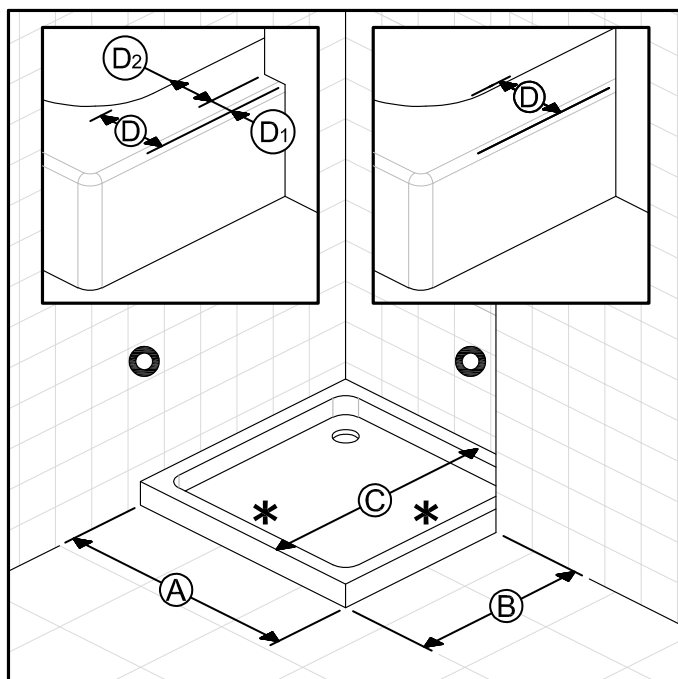
SPECIAL DIMENSIONS MODULE



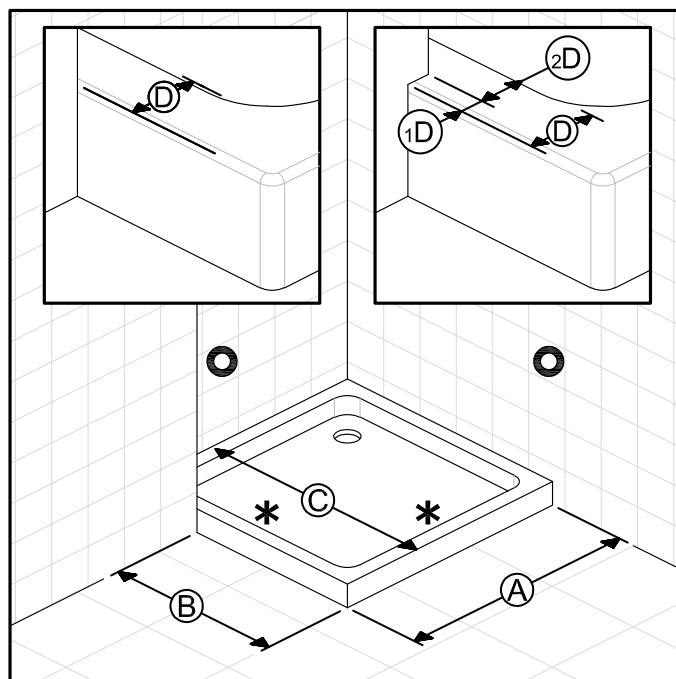
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 Customer _____
 Measurement by Mr./Mrs. _____
 Client _____

☐ Quotation

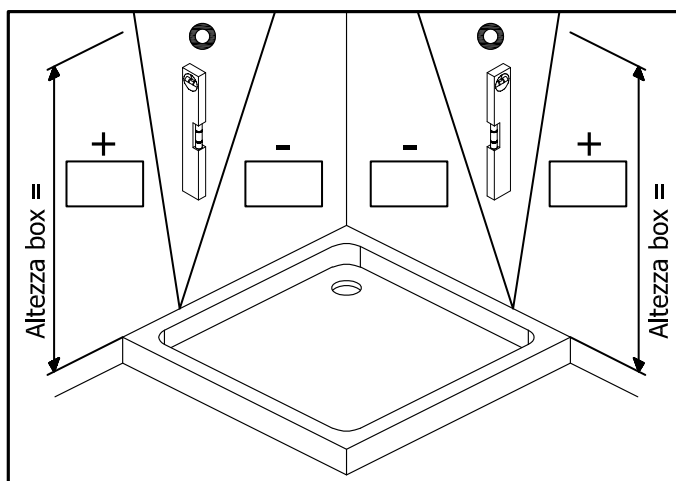
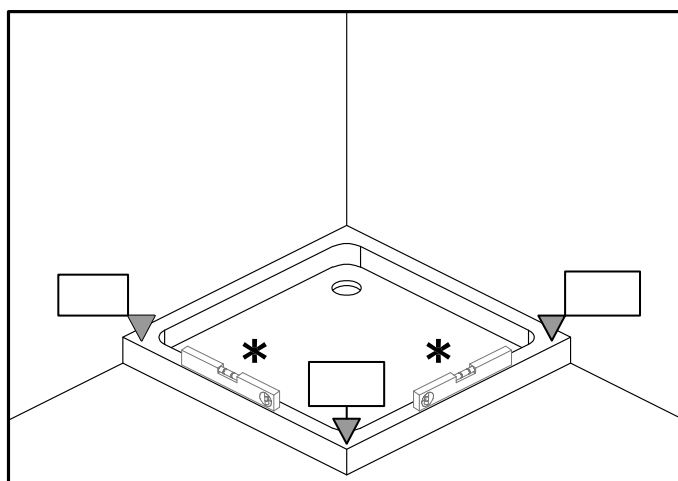
☐ Order



A.....
 B.....
 C.....
 D.....D1.....D2.....



A.....
 B.....
 C.....
 D.....D1.....D2.....



Model Description _____

Glass Finish _____

Profile Finish _____

Total Box Height _____

Shower tray height _____

Floor Mounting ☐ Yes ☐ No

Kit Protective ☐ Yes ☐ No

Signature _____

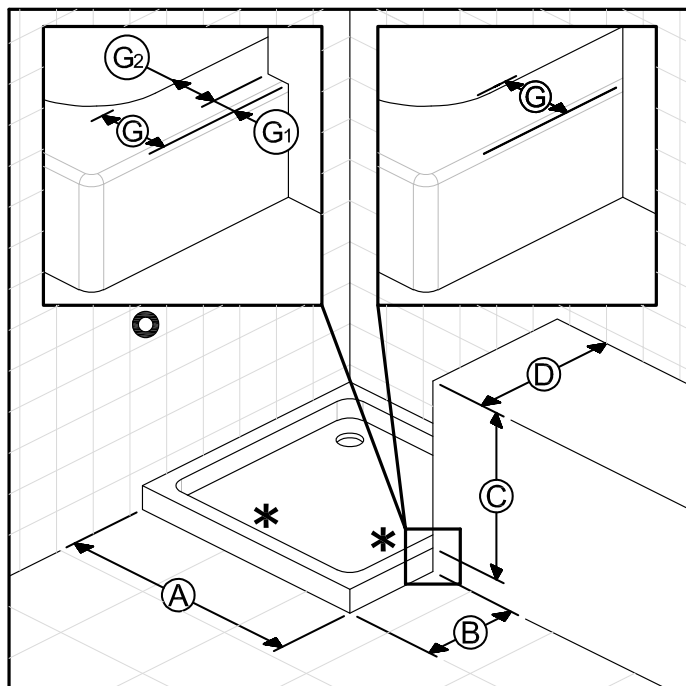
SPECIAL DIMENSIONS MODULE



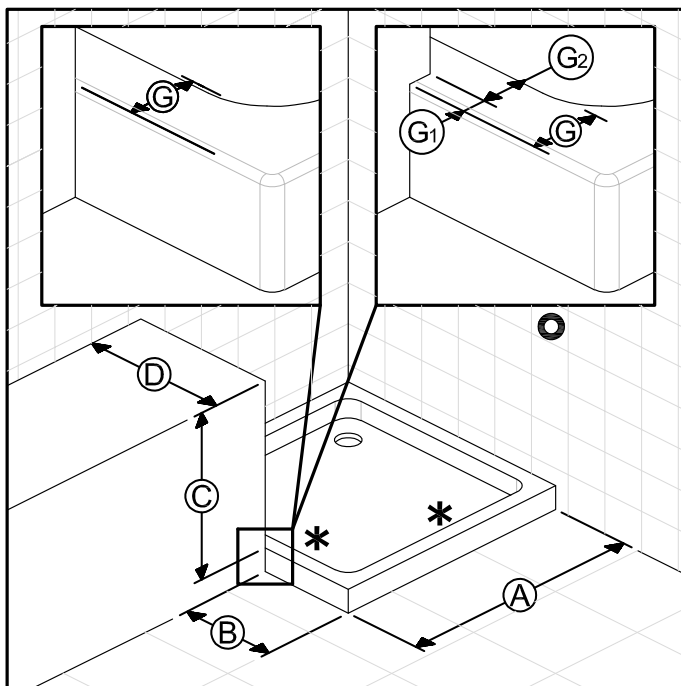
Date _____
 Customer _____
 Measurement by Mr./Mrs. _____
 Client _____

☐ Quotation

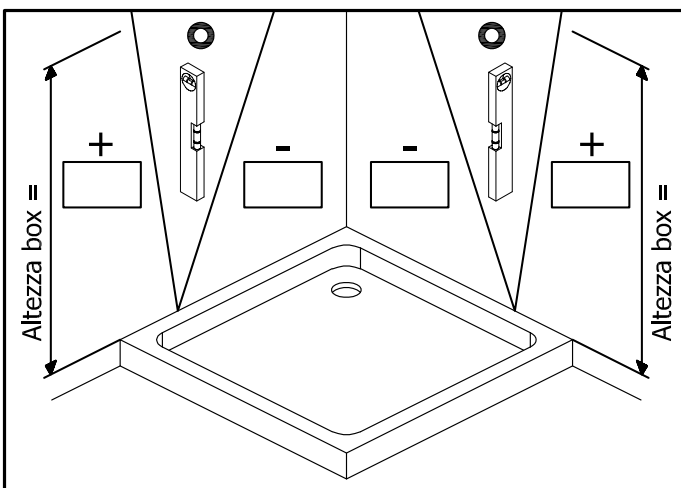
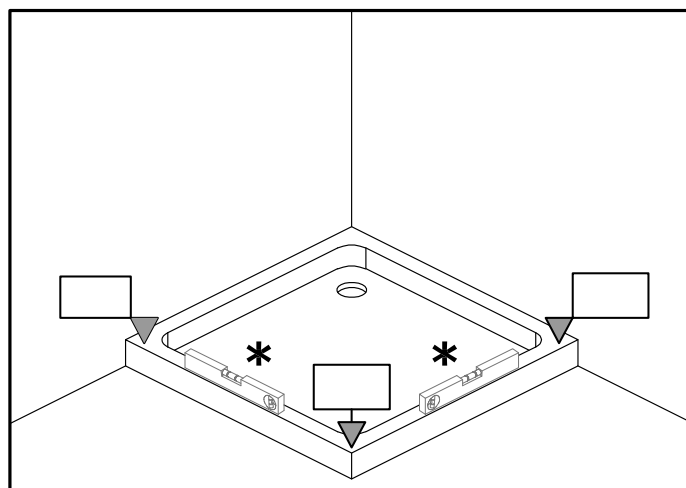
☐ Order



A.....
 B.....
 C.....
 D.....
 G.....G1.....G2.....



A.....
 B.....
 C.....
 D.....
 G.....G1.....G2.....



ModelDescription_____

Glass Finish_____

ProfileFinish_____

Total Box Height_____

Shower tray height_____

Floor Mounting ☐ Yes ☐ No

Kit Protective ☐ Yes ☐ No

Signature_____

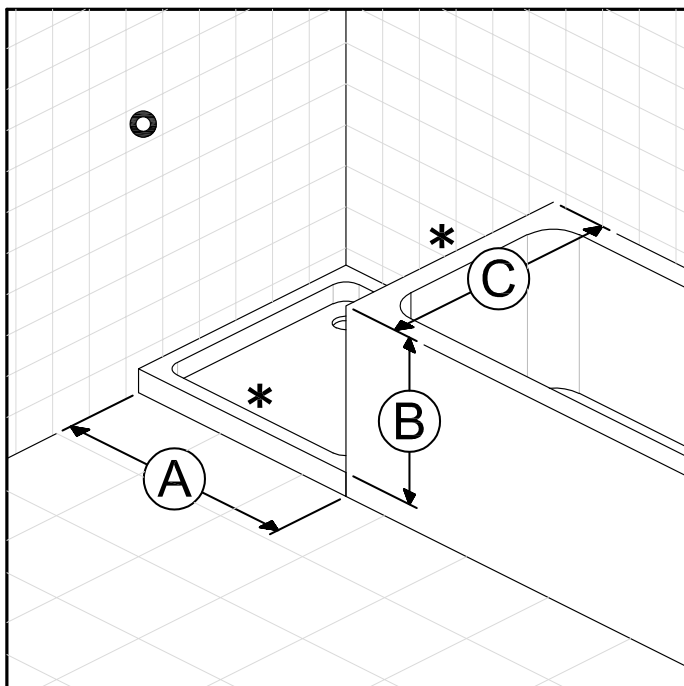
SPECIAL DIMENSIONS MODULE



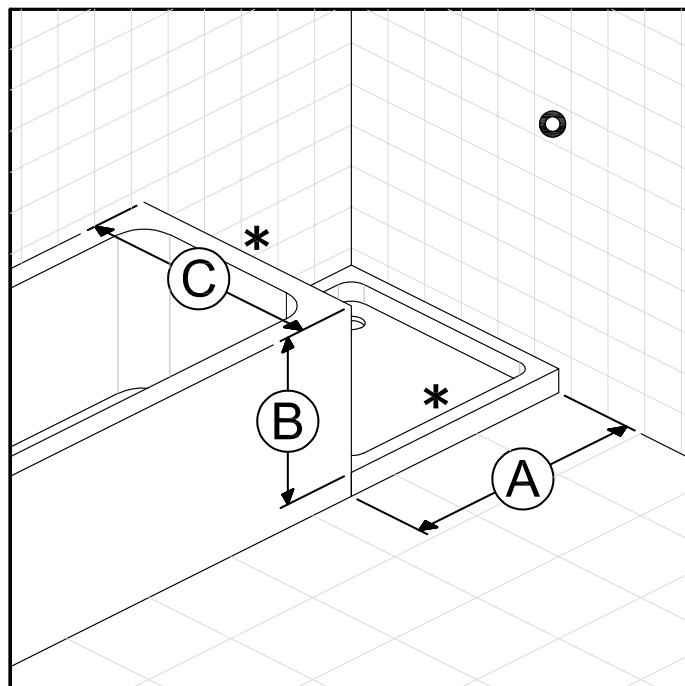
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 Customer _____
 Measurement by Mr./Mrs. _____
 Client _____

☐ Quotation

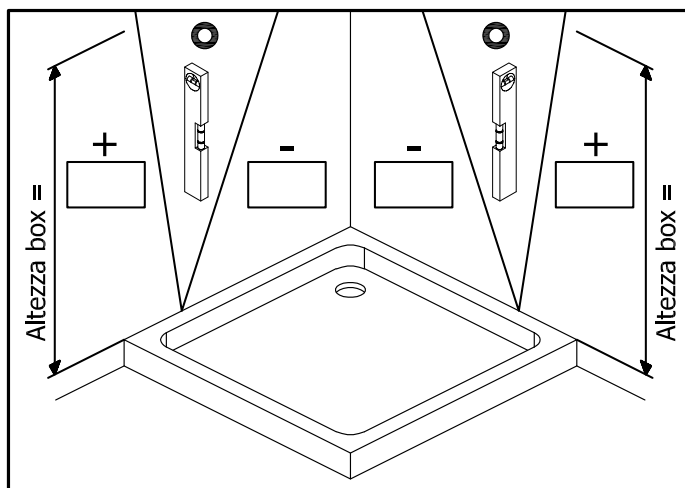
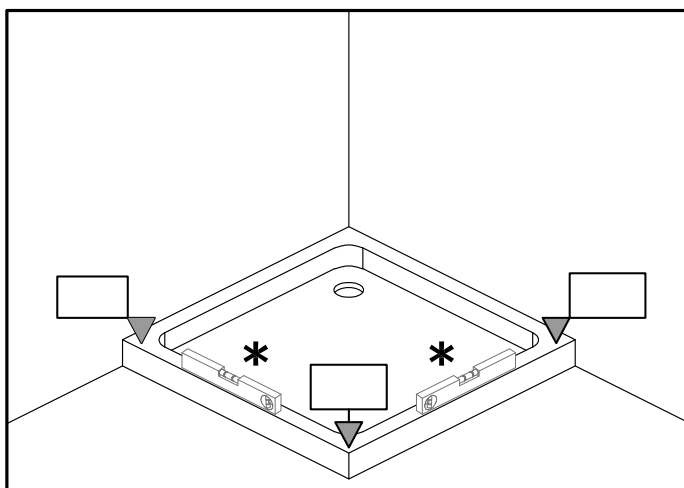
☐ Order



A.....
 B.....
 C.....



A.....
 B.....
 C.....



Model Description _____

Glass Finish _____

Profile Finish _____

Total Box Height _____

Shower tray height _____

Floor Mounting ☐ Yes ☐ No

Kit Protective ☐ Yes ☐ No

Signature _____

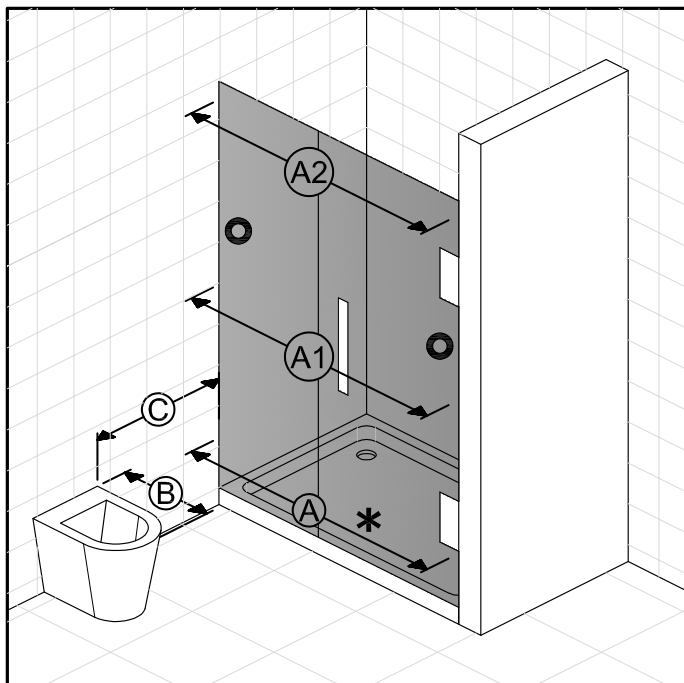
SPECIAL DIMENSIONS MODULE



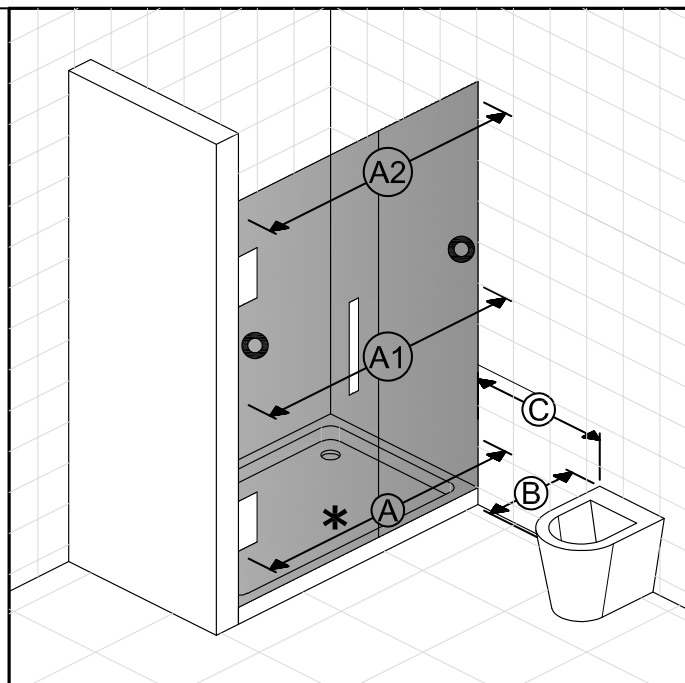
Date _____
 Customer _____
 Measurement by Mr./Mrs. _____
 Client _____

☐ Quotation

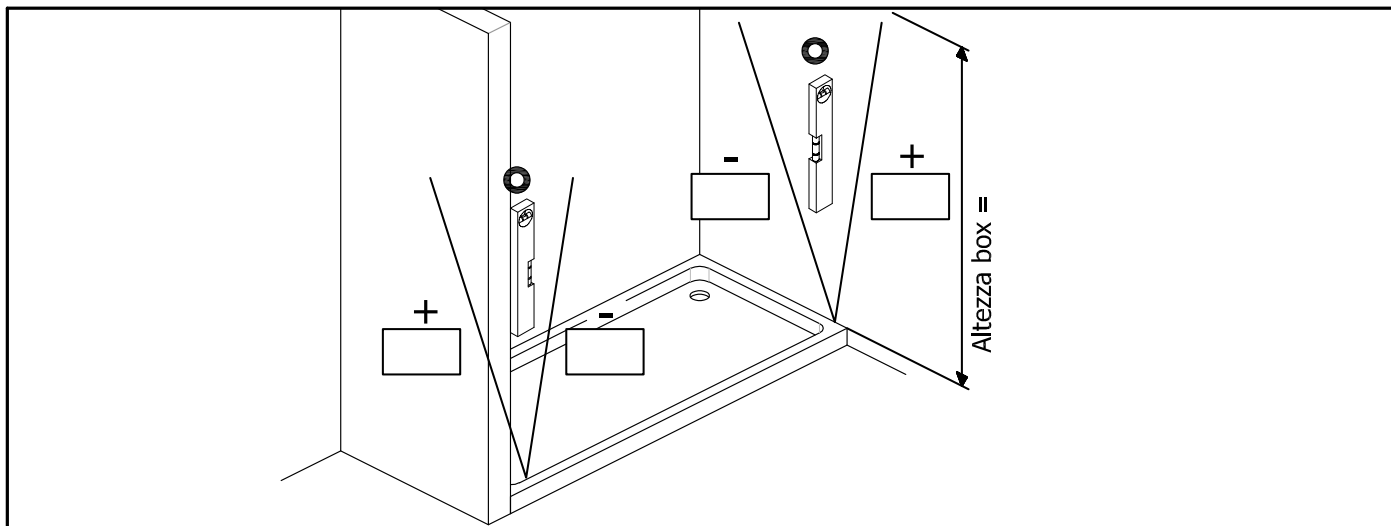
☐ Order



A.....A1.....A2.....
 B.....
 C.....



A.....A1.....A2.....
 B.....
 C.....



Model Description _____

Glass Finish _____

Profile Finish _____

Total Box Height _____

Shower tray height _____

Floor Mounting ☐ Yes ☐ No

Kit Protective ☐ Yes ☐ No

Signature _____

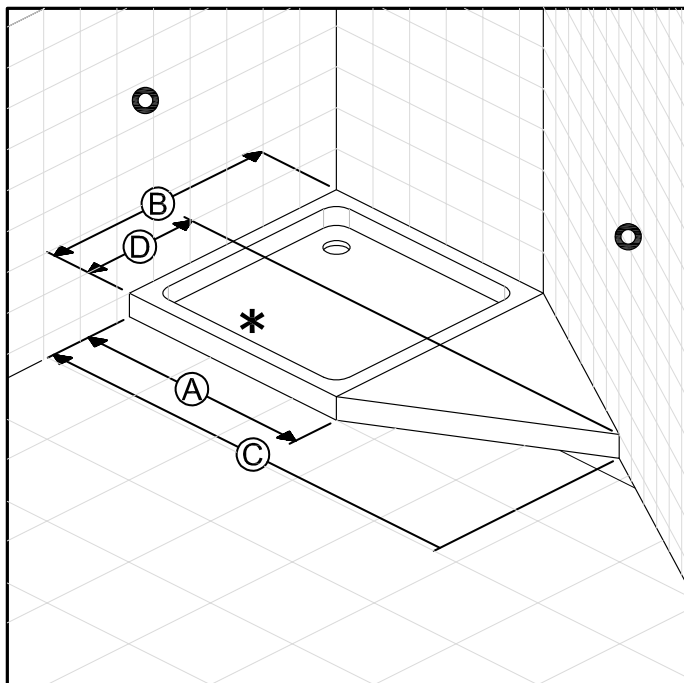
SPECIAL DIMENSIONS MODULE



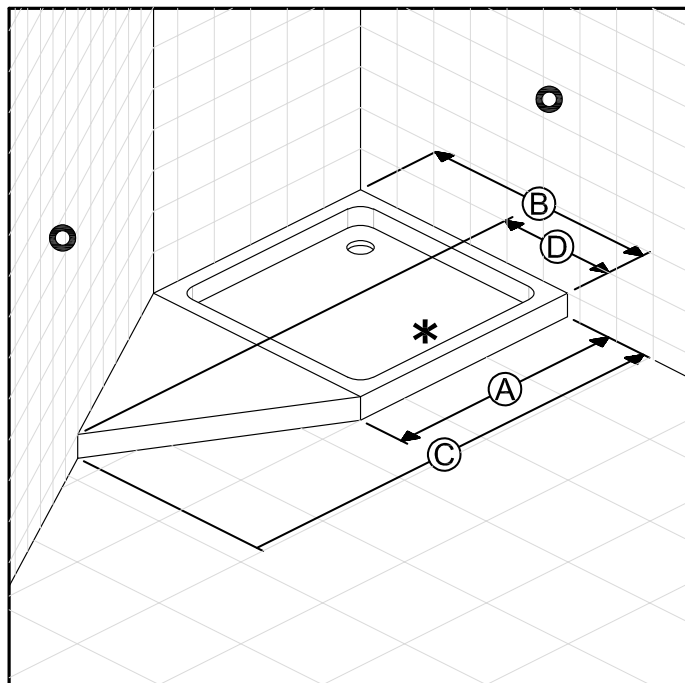
Date _____
 Customer _____
 Measurement by Mr./Mrs. _____
 Client _____

☐ Quotation

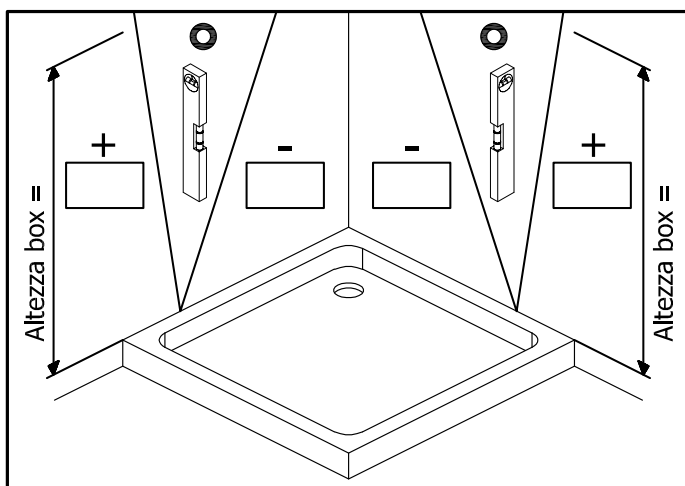
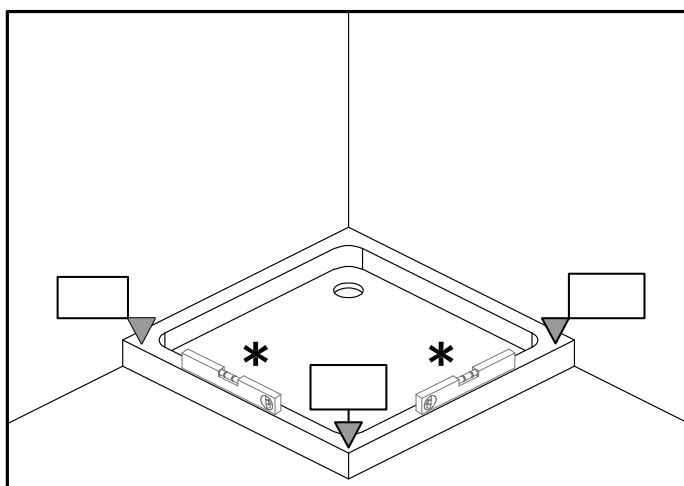
☐ Order



A.....
 B.....
 C.....
 D.....



A.....
 B.....
 C.....
 D.....



Model Description _____

Glass Finish _____

Profile Finish _____

Total Box Height _____

Shower tray height _____

Floor Mounting ☐ Yes ☐ No

Kit Protective ☐ Yes ☐ No

Signature _____

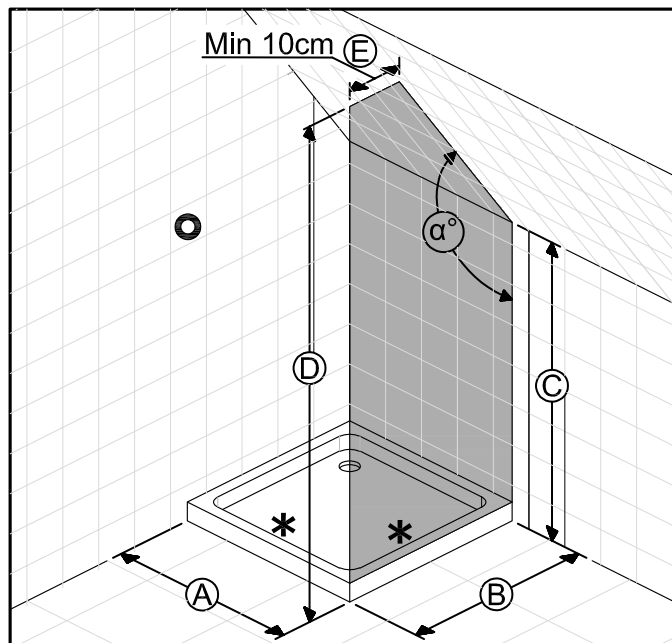
SPECIAL DIMENSIONS MODULE



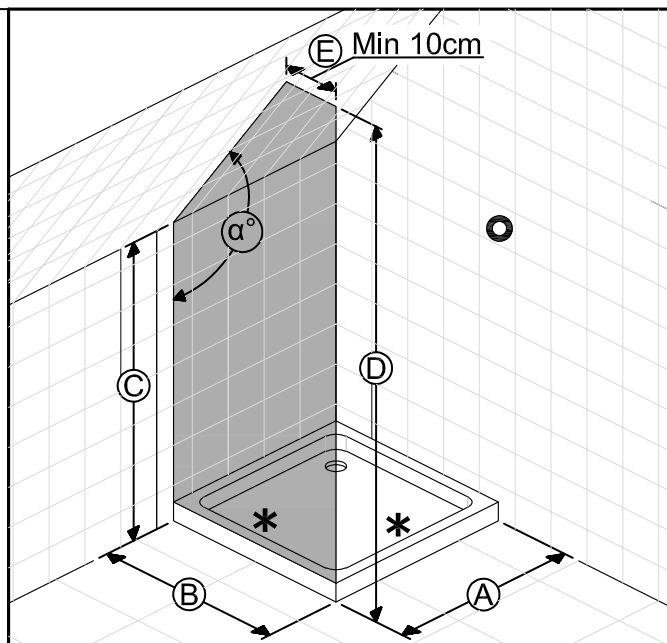
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 Customer _____
 Measurement by Mr./Mrs. _____
 Client _____

☐ Quotation

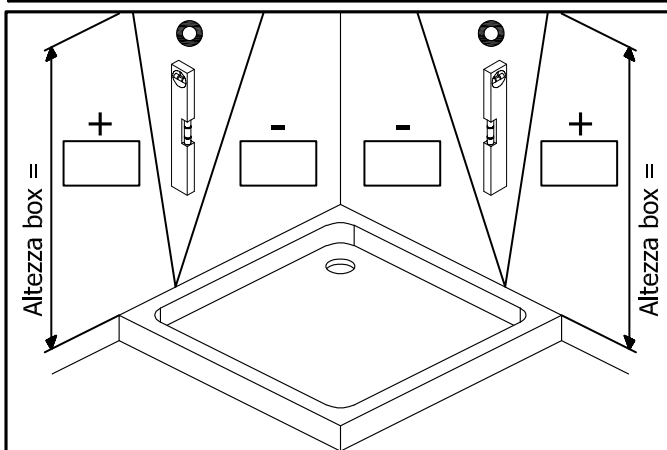
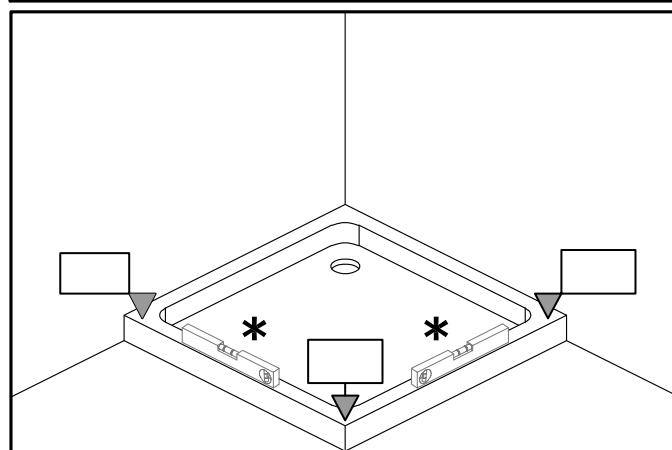
☐ Order



A.....
 B.....
 C.....
 D.....
 E.....
 α°.....



A.....
 B.....
 C.....
 D.....
 E.....
 α°.....



Model Description _____

Glass Finish _____

Profile Finish _____

Total Box Height _____

Shower tray height _____

Floor Mounting ☐ Yes ☐ No

Kit Protective ☐ Yes ☐ No

Signature _____

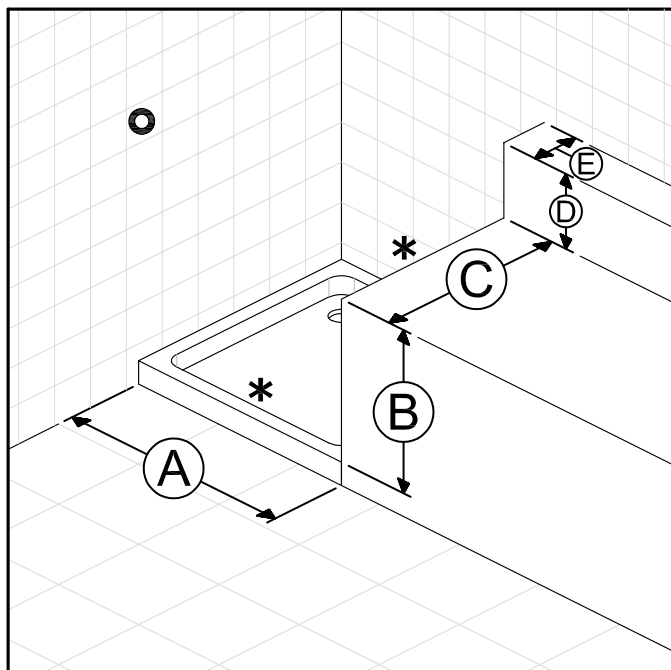
SPECIAL DIMENSIONS MODULE



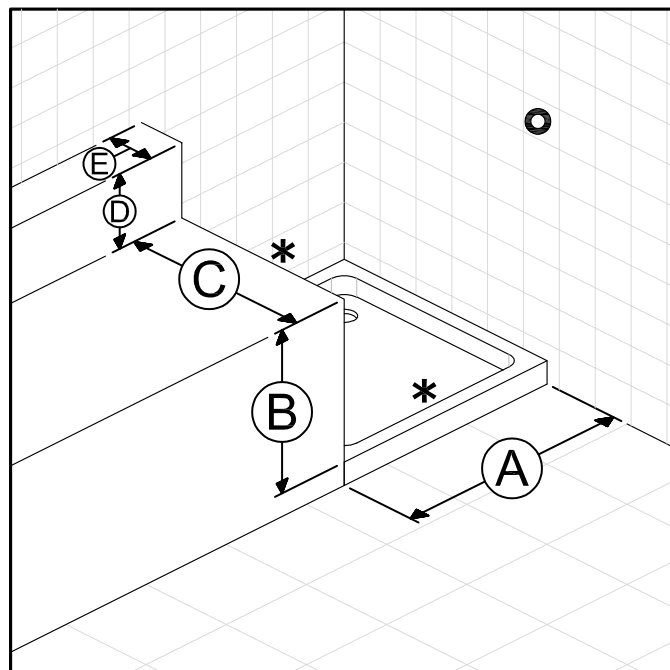
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 Customer _____
 Measurement by Mr./Mrs. _____
 Client _____

☐ Quotation

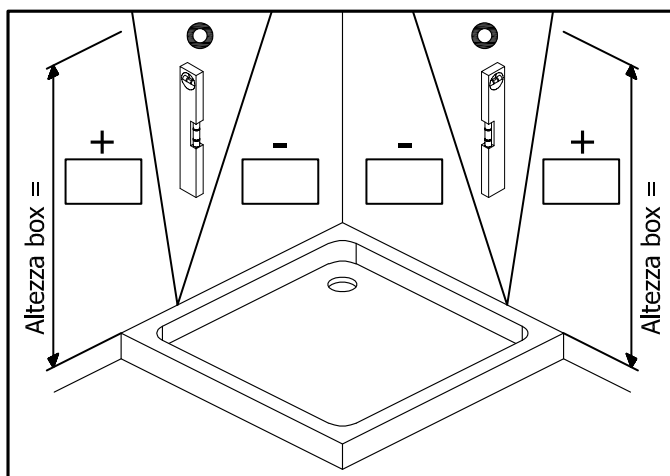
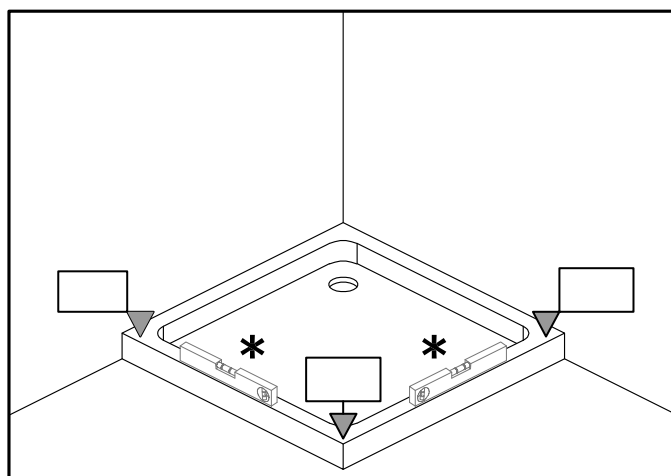
☐ Order



A.....
 B.....
 C.....
 D.....
 E.....



A.....
 B.....
 C.....
 D.....
 E.....



Model Description _____

Glass Finish _____

Profile Finish _____

Total Box Height _____

Shower tray height _____

Floor Mounting ☐ Yes ☐ No

Kit Protective ☐ Yes ☐ No

Signature _____

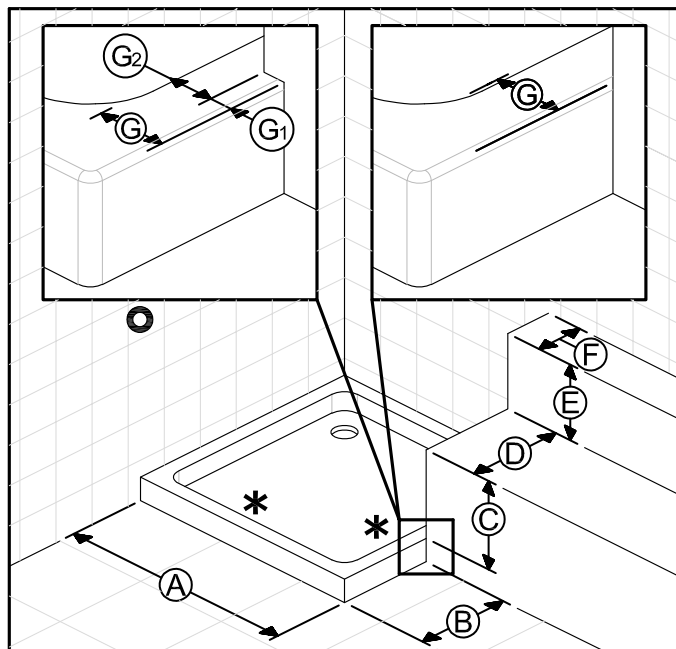
SPECIAL DIMENSIONS MODULE



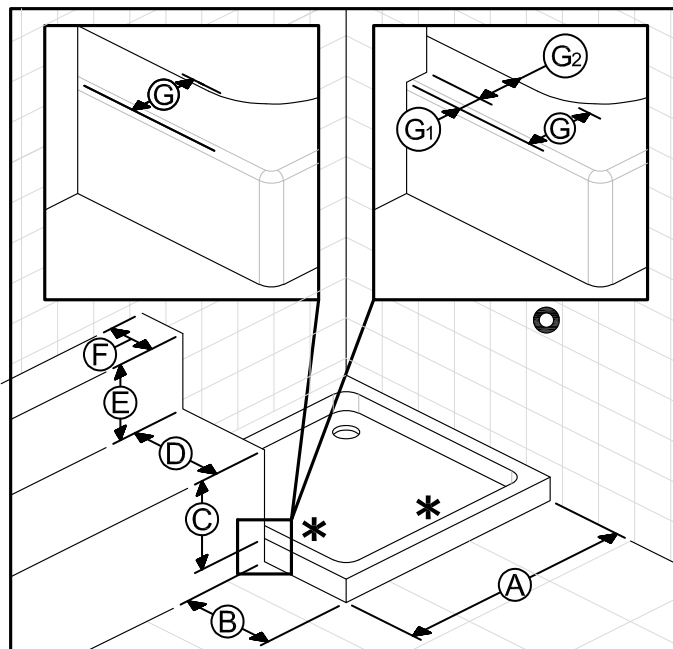
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 Customer _____
 Measurement by Mr./Mrs. _____
 Client _____

☐ Quotation

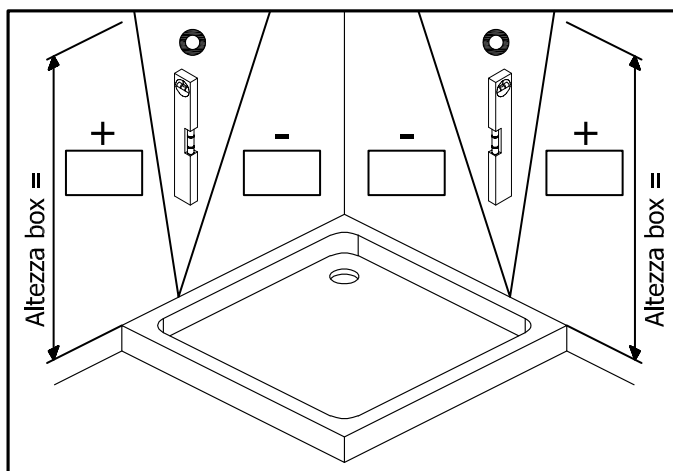
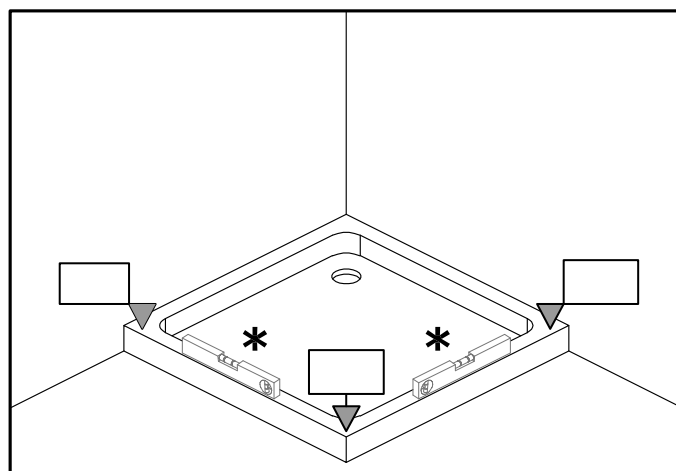
☐ Order



A.....
 B.....
 C.....
 D.....
 E.....
 F.....
 G.....G1.....G2.....



A.....
 B.....
 C.....
 D.....
 E.....
 F.....
 G.....G1.....G2.....



Model Description _____

Glass Finish _____

Profile Finish _____

Total Box Height _____

Shower tray height _____

Floor Mounting ☐ Yes ☐ No

Kit Protective ☐ Yes ☐ No

Signature _____

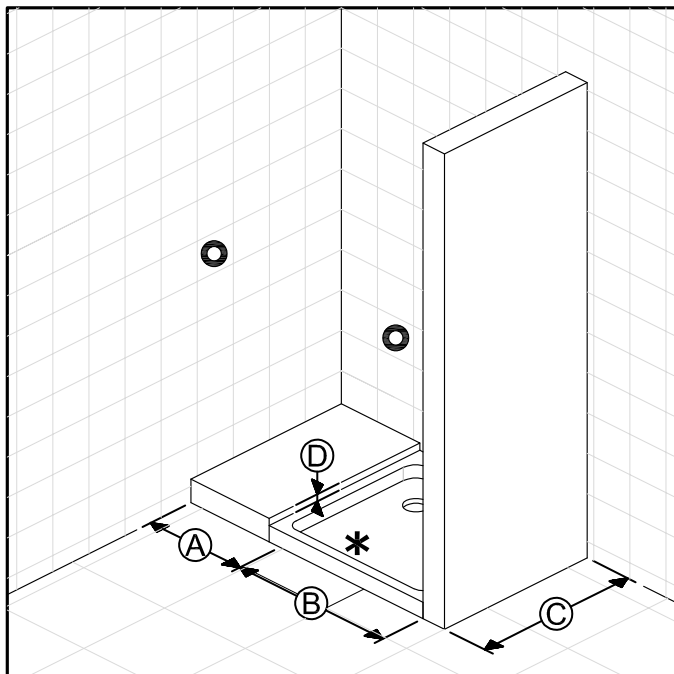
SPECIAL DIMENSIONS MODULE



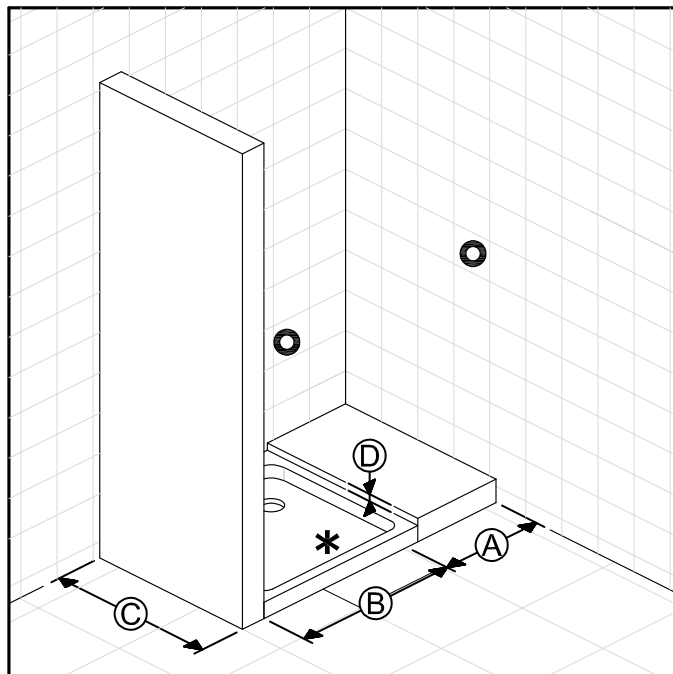
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 Customer _____
 Measurement by Mr./Mrs. _____
 Client _____

☐ Quotation

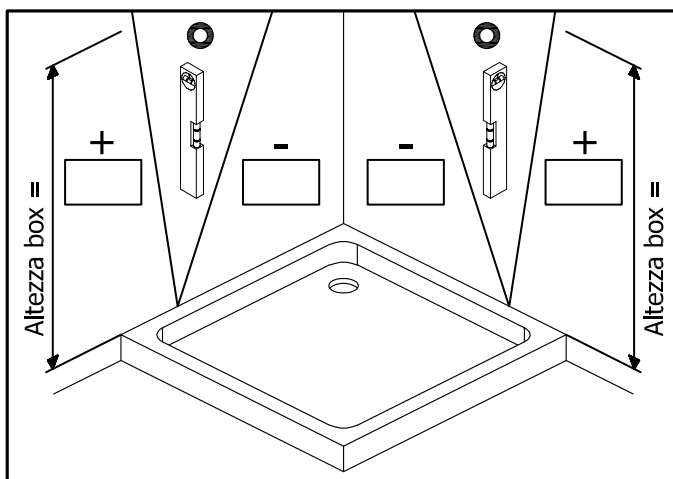
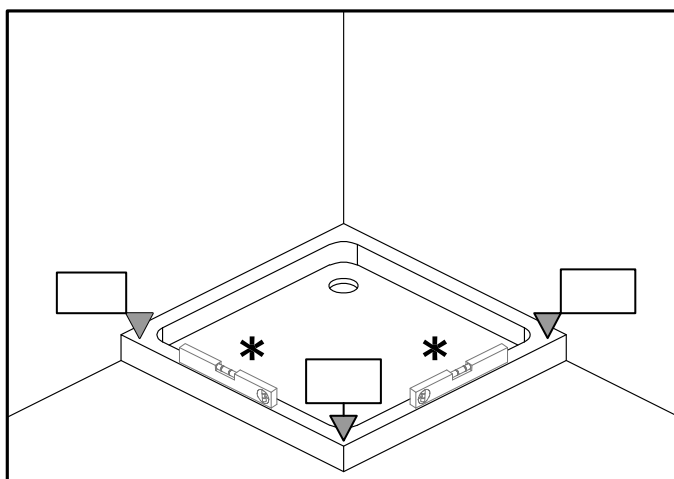
☐ Order



A.....
 B.....
 C.....
 D.....



A.....
 B.....
 C.....
 D.....



Model Description _____

Glass Finish _____

Profile Finish _____

Total Box Height _____

Shower tray height _____

Floor Mounting ☐ Yes ☐ No

Kit Protective ☐ Yes ☐ No

Signature _____

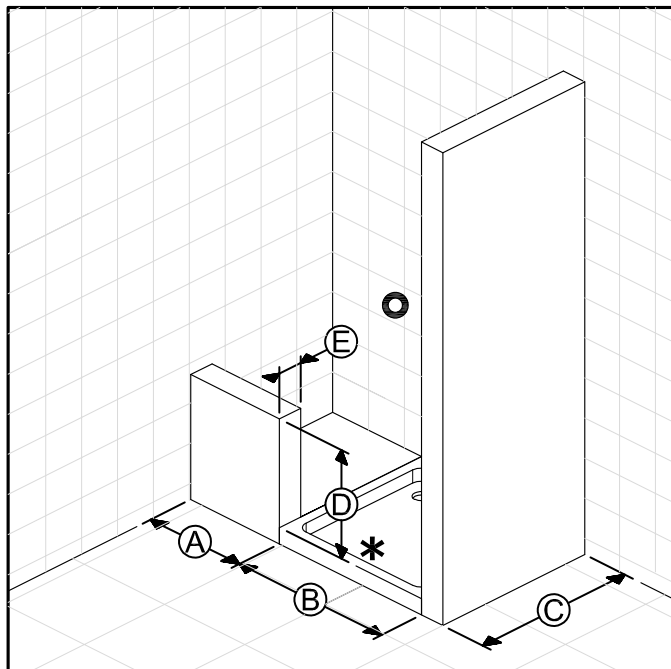
SPECIAL DIMENSIONS MODULE



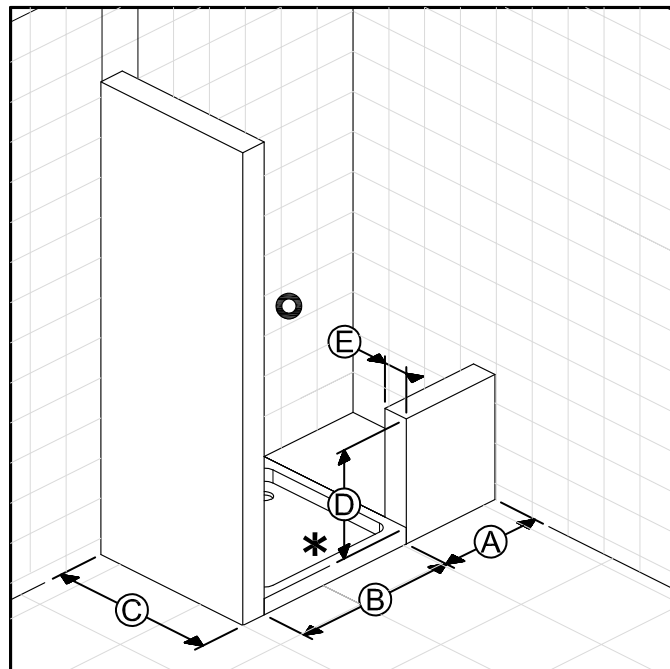
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 Customer _____
 Measurement by Mr./Mrs. _____
 Client _____

☐ Quotation

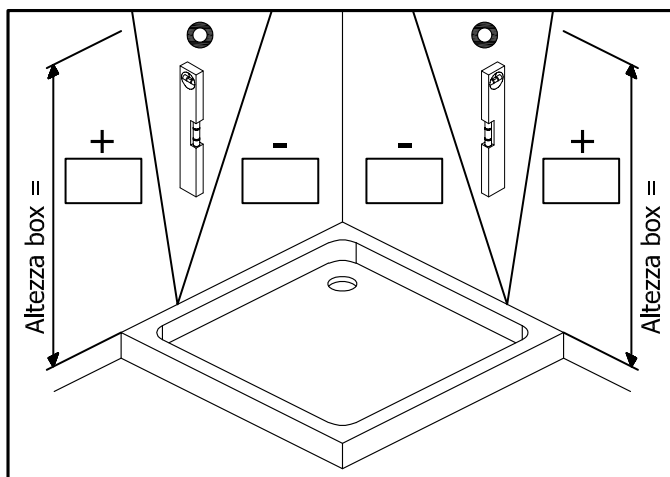
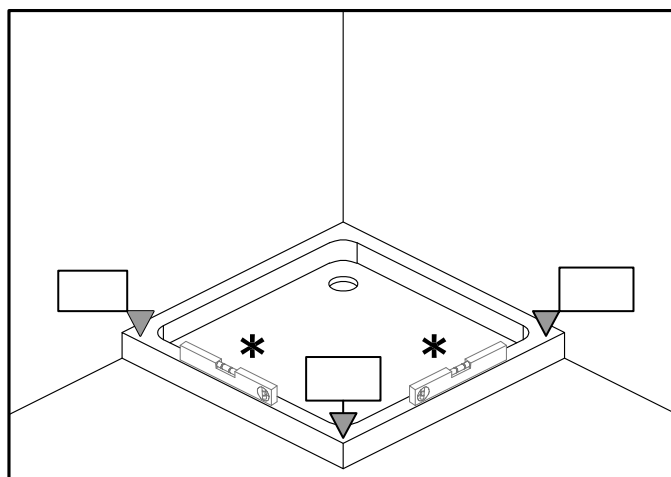
☐ Order



A.....
 B.....
 C.....
 D.....
 E.....



A.....
 B.....
 C.....
 D.....
 E.....



Model Description _____

Glass Finish _____

Profile Finish _____

Total Box Height _____

Shower tray height _____

Floor Mounting ☐ Yes ☐ No

Kit Protective ☐ Yes ☐ No

Signature _____

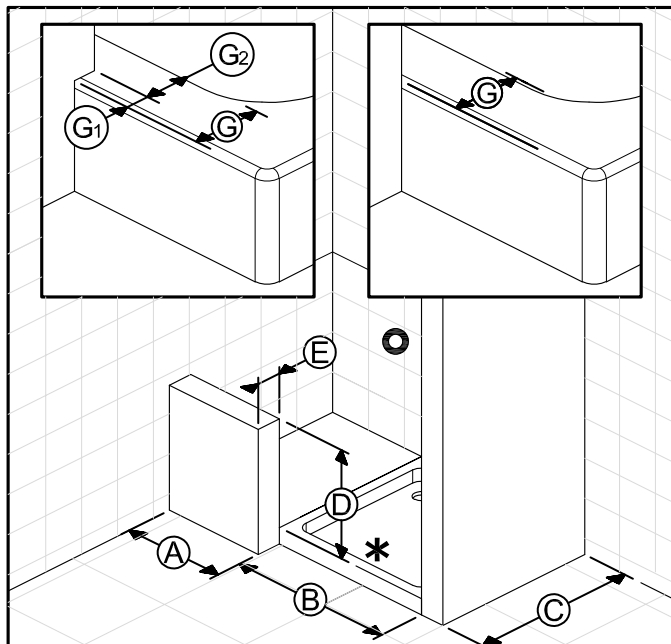
SPECIAL DIMENSIONS MODULE



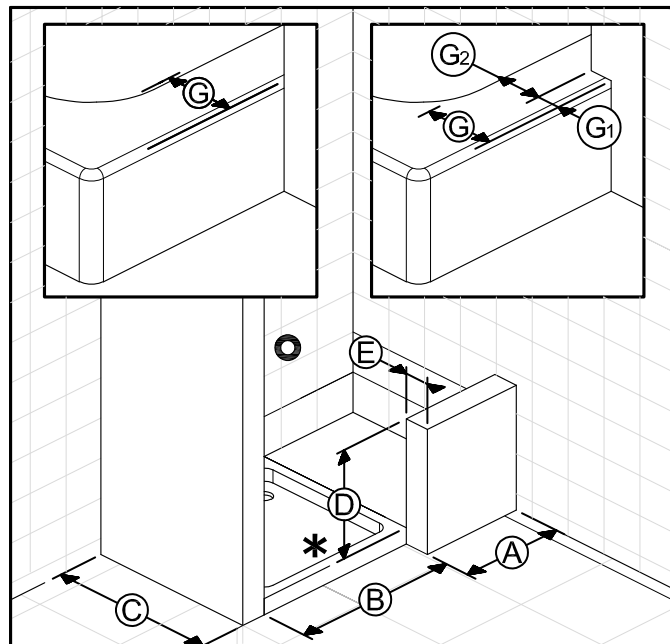
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 Customer _____
 Measurement by Mr./Mrs. _____
 Client _____

☐ Quotation

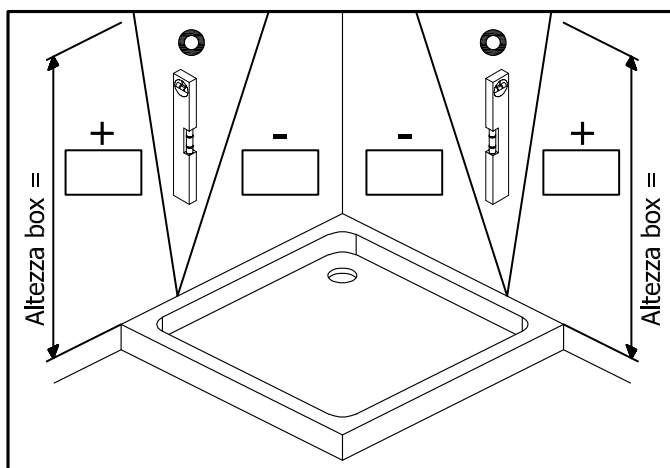
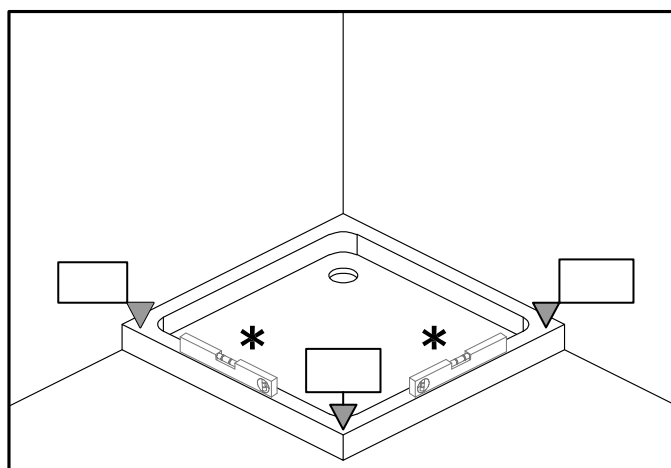
☐ Order



A.....
 B.....
 C.....
 D.....
 E.....
 G.....G1.....G2.....



A.....
 B.....
 C.....
 D.....
 E.....
 G.....G1.....G2.....



Model Description _____

Glass Finish _____

Profile Finish _____

Total Box Height _____

Shower tray height _____

Floor Mounting ☐ Yes ☐ No

Kit Protective ☐ Yes ☐ No

Signature _____

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