

MEASURING PERSON NAME & #: _____

JOB NAME: _____

DEALER NAME: _____

DISTRIBUTOR: _____

DISTRIBUTOR CONTACT NAME: _____

DISTRIBUTOR CONTACT EMAIL: _____

NEW BUILD REMAKE _____

SERIAL NUMBER IF TARA LINER _____

PATTERN: _____ Mil: _____

No-Tile Mix & Match Tile Pattern: _____ Mil: _____

Wall Pattern: _____ Mil: _____

Floor Pattern: _____ Mil: _____

MOUNTING: Standard Bead Reverse Bead Esther Williams Bead

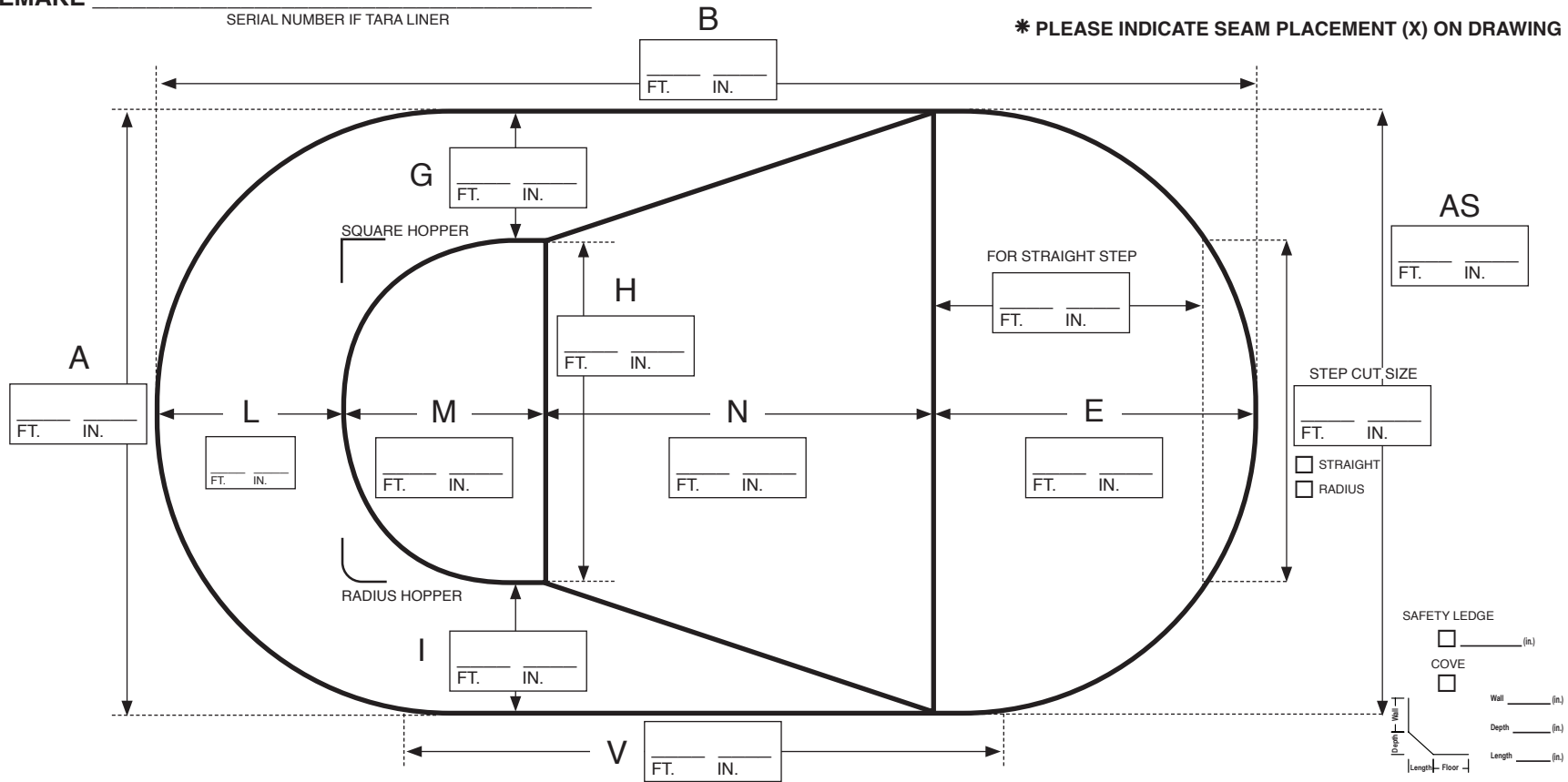
Overlap _____
OVERLAP SIZE

WARRANTY: Standard Gold

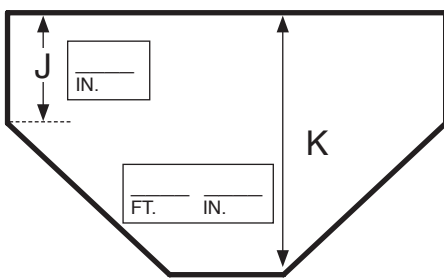
SHIPPING: Branch Dealer Pick Up

* PLEASE INDICATE SEAM PLACEMENT (X) ON DRAWING

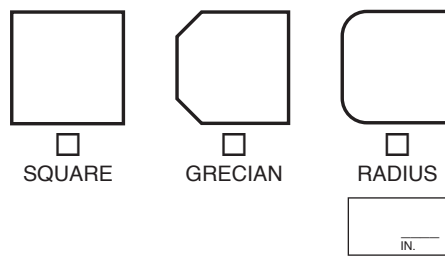
TARA VINYL LINER MEASUREMENT FORM



DEPTH MEASUREMENTS



HOPPER PAD CORNERS



COMMENTS:

OVAL