

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

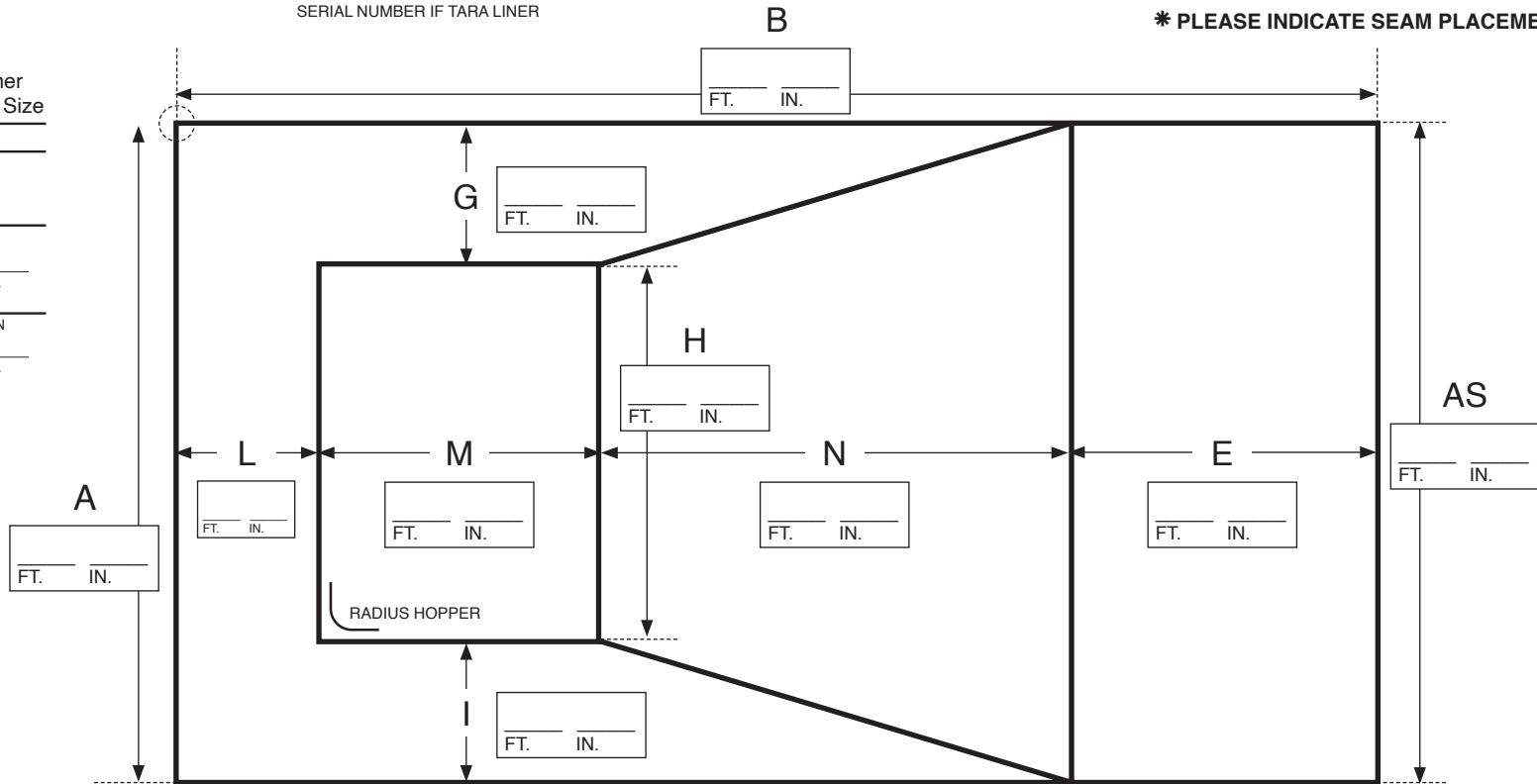
TARA VINYL LINER MEASUREMENT FORM

Pool Corner Type and Size

SQUARE

RADIUS
FT. IN.

GRECIAN
FT. IN.



SAFETY LEDGE

_____ (ft.)

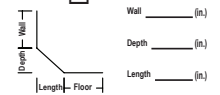
COVE

_____ (ft.)

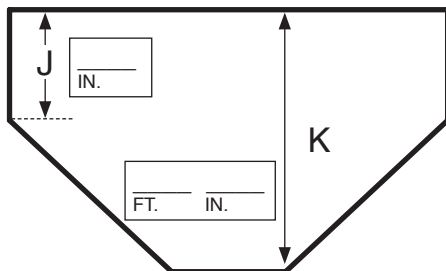
Wall _____ (ft.)

Depth _____ (ft.)

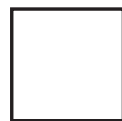
Length _____ (ft.)



DEPTH MEASUREMENTS



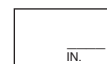
HOPPER PAD CORNERS



SQUARE



RADIUS



IN.

COMMENTS:

RECTANGLE