

Please fill out for a Free Quote

CONTACT INFORMATION

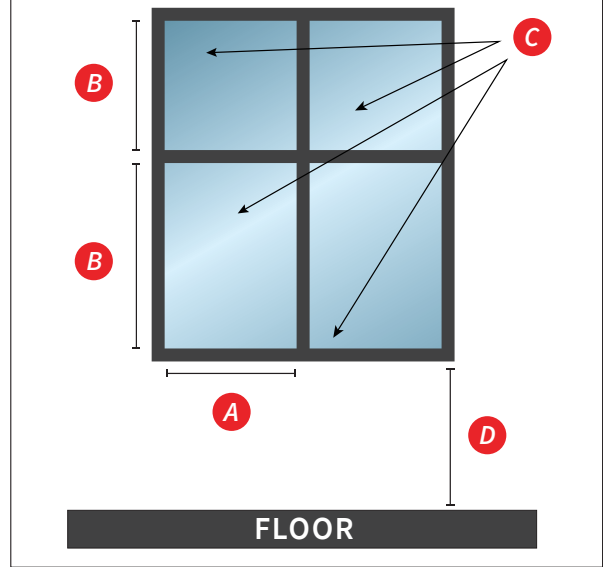
NAME: _____
 ADDRESS: _____

 PHONE: _____
 EMAIL: _____

MEASURING NOTES:

- Only measure the glass areas
- Please use inch measurements
- Round up to the nearest inch
- Please note anything that would limit access
- Pictures of areas are helpful

VISUAL



WINDOW/PANE SIZES:

	A	B	C	D
LOCATION/ ROOM:	WIDTH:	HEIGHT:	# OF PANES:	HEIGHT FROM FLOOR:
_____	"	"	_____	"
_____	"	"	_____	"
_____	"	"	_____	"
_____	"	"	_____	"
_____	"	"	_____	"
_____	"	"	_____	"
_____	"	"	_____	"
_____	"	"	_____	"
_____	"	"	_____	"
_____	"	"	_____	"

GLASS TYPE:

SINGLE PANE _____
 DUAL PANE _____
 TRIPLE PANE _____

WINDOW FRAME:

WOOD _____
 METAL _____
 VINYL _____

ISSUES YOU WOULD LIKE TO ADDRESS?

- Too Bright Anti-Graffiti
 Too Hot Energy Savings
 Fading Protection Other: _____
 Privacy _____
 Safety _____

GLASS CONDITION

EXISTING FILM? YES NO

ADDITIONAL NOTES:



After completing, please E-MAIL to:
Seng@suncontrolmn.com
 or CALL: 218.628.3008