

Please fill out for a Free Quote

CONTACT INFORMATION

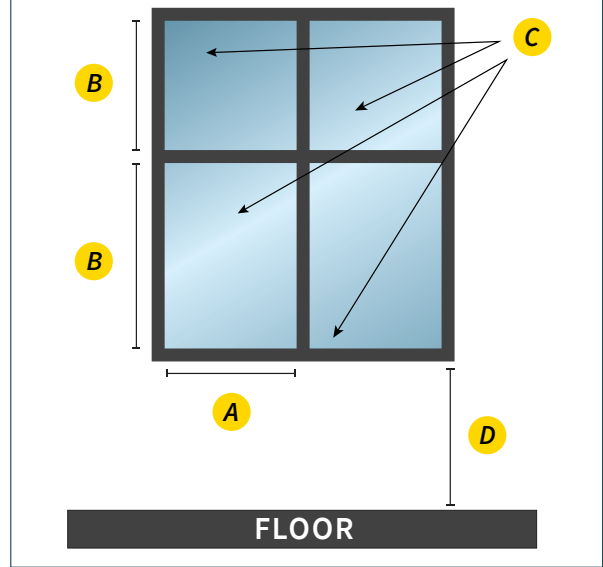
NAME: _____
 ADDRESS: _____

 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 PANE:	HEIGHT FROM FLOOR:
_____	_____ "	_____ "	_____	_____ "
_____	_____ "	_____ "	_____	_____ "
_____	_____ "	_____ "	_____	_____ "
_____	_____ "	_____ "	_____	_____ "
_____	_____ "	_____ "	_____	_____ "
_____	_____ "	_____ "	_____	_____ "
_____	_____ "	_____ "	_____	_____ "
_____	_____ "	_____ "	_____	_____ "
_____	_____ "	_____ "	_____	_____ "
_____	_____ "	_____ "	_____	_____ "

GLASS TYPE:

SINGLE PANE _____
 DUAL PANE _____
 TRIPLE PANE _____

WINDOW FRAME:

WOOD _____
 METAL _____
 VINYL _____

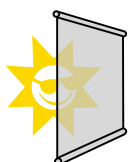
ISSUES YOU WOULD LIKE TO ADDRESS?

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

GLASS CONDITION

EXISTING FILM? YES NO

ADDITIONAL NOTES:



Sun Control
 OF MINNESOTA
 "The Window Film Professionals"

After completing, please E-MAIL to:
markh@suncontrolmn.com
 FAX: 651.494.9697 or CALL: 651.490.1060