

Pre-Cast Mantel Measurement Form

Date: _____



Distributor: _____

City: _____

Measured by: _____

Phone: _____

Subdivision: _____

Page _____ of _____

Client: _____

Phone: _____

Room/
Location: _____

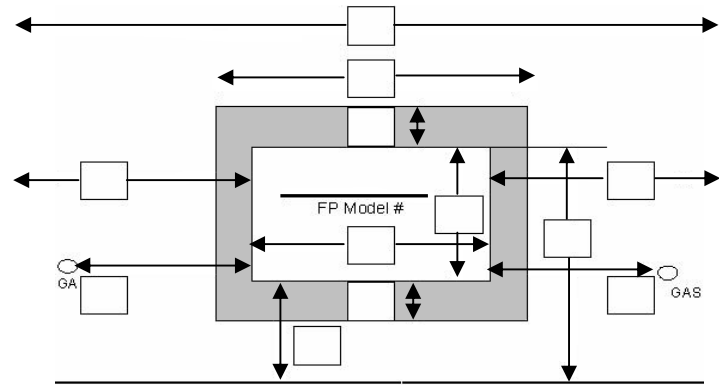
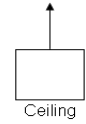
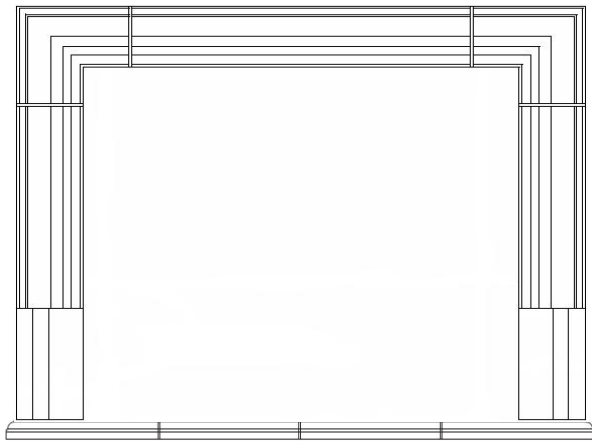
PO #: _____

Address: _____

City: _____

Lot/Plan: _____

Job #: _____



FLOOR LINE

Current Stage of Construction: _____

Style/Size: _____

Finish Hearth: _____ 1/2" Micore: YES NO

Required Install Date: _____

Finish: _____

W _____ D _____ TH _____ Overall Ht _____

PG TS

W _____ D _____ TH _____ Overall Ht _____