

**Pre-Cast Mantel Measurement Form**

Date:



Distributor:

City:

Measured by:

Phone:

Subdivision:

Page \_\_\_\_ of \_\_\_\_

Client:

Phone:

Room/  
Location:

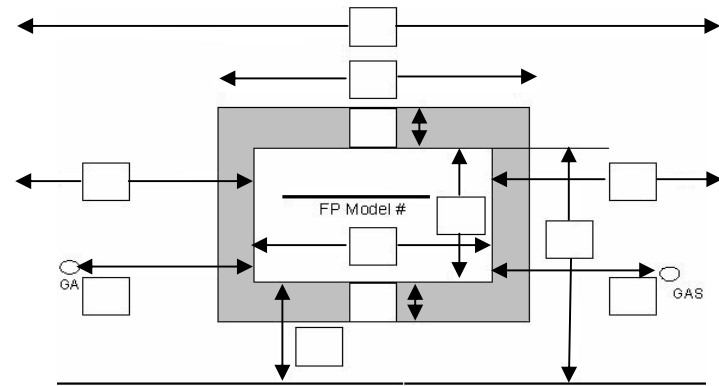
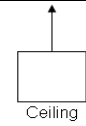
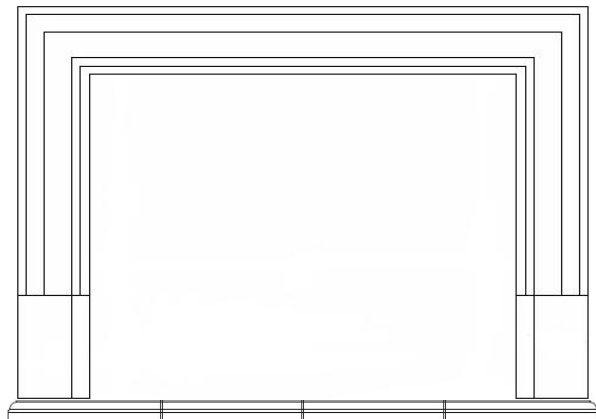
PO #:

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

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