

TOILET PARTITION QUOTE FORM

Contact Name _____ Company _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____









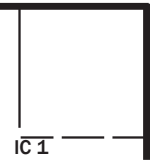

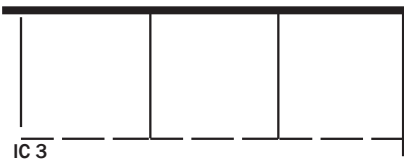
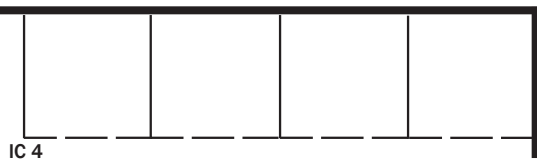




MATERIALS (Check one):

- Solid Plastic Solid Phenolic Stainless Steel
 Plastic Laminate Powder Coated Steel

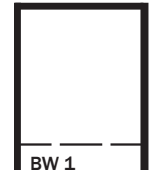


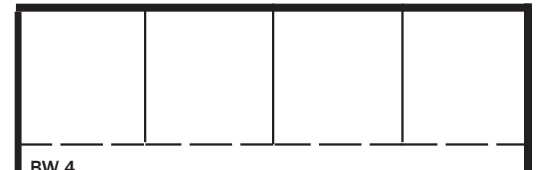
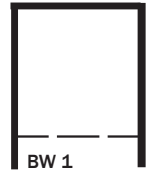



MOUNTING STYLE (Check one):

- Floor Anchored Overhead Braced Floor Anchored
 Ceiling Hung Floor & Ceiling Anchored

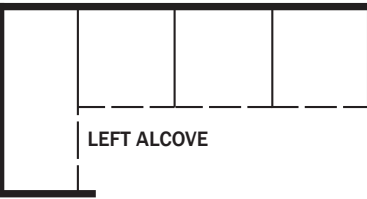
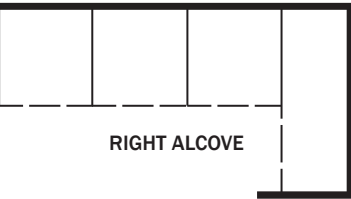
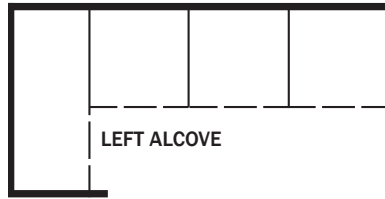
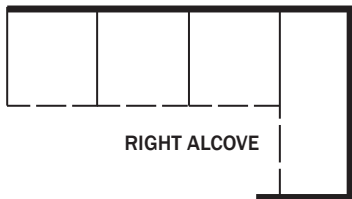
(Please indicate width and depth of each stall) **IN CORNER**

 IC 1	 IC 2	 IC 3	 IC 4
 IC 1	 IC 2	 IC 3	 IC 4
 IC 1	 IC 2	 IC 3	 IC 4
 IC 1	 IC 2	 IC 3	 IC 4

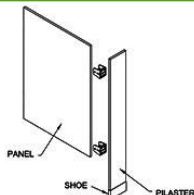
BETWEEN WALL

 BW 1	 BW 2	 BW 3	 BW 4
 BW 1	 BW 2	 BW 3	 BW 4

ALCOVE

 LEFT ALCOVE	 RIGHT ALCOVE	 LEFT ALCOVE	 RIGHT ALCOVE
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URINAL SCREEN (Check one):



- 12" 18" 24" Floor-mounted pilaster