TAKING PRELIMINARY MEASUREMENTS

ISOTHERMIC

Date: _____   Name: _____

Address: _____

City: _____   Postal code: _____

Email: _____   Phone: _____

Room					
	☐ Window	☐ Front, back, or side door	☐ Patio door	Quantity:	
Window type	☐ Casement	☐ Awning	☐ Hung	☐ Sliding	☐ Fixed
Opening direction	☐ To the right	☐ To the left			
Dimensions	Width:	X Height:	X Thickness:		
Colour	Interior:	Exterior:			
Comments					

Room					
	☐ Window	☐ Front, back, or side door	☐ Patio door	Quantity:	
Window type	☐ Casement	☐ Awning	☐ Hung	☐ Sliding	☐ Fixed
Opening direction	☐ To the right	☐ To the left			
Dimensions	Width:	X Height:	X Thickness:		
Colour	Interior:	Exterior:			
Comments					

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Dimensions	Width:	X Height:	X Thickness:		
Colour	Interior:	Exterior:			
Comments					

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