Designer \_\_\_\_\_ Notes: Job \_\_\_\_ Address \_\_\_\_ Date Telephone Room \_\_\_\_\_ Window \_\_\_\_\_ Room \_\_\_\_\_ Window \_\_\_\_\_ Type of Treatment \_\_\_\_\_ Type of Treatment Fabric Hardware Fabric Hardware Type of Floor Widths Type of Floor Widths Lined Interlined Trim Lined Interlined Trim Top of Wall Top of Wall Casing to Casing Max Ext Casing to Casing Max Ext' Floor Floor