

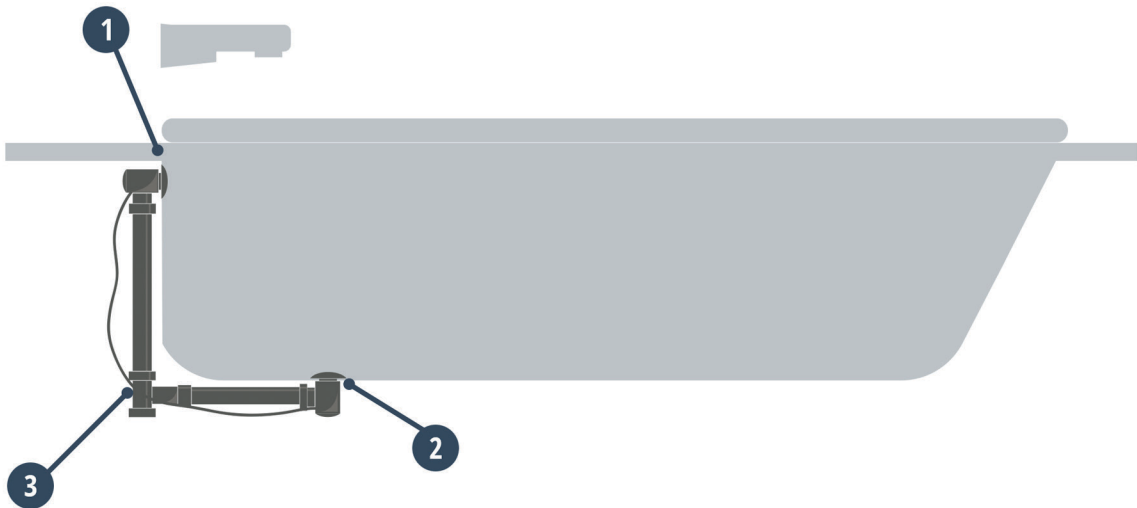
Project Location: \_\_\_\_\_

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Sales Order Number: \_\_\_\_\_

1. Overflow Trim \_\_\_\_\_
2. Drain Trim \_\_\_\_\_
3. Bath Waste & Overflow\* \_\_\_\_\_



■ Mandatory    ■ Not Mandatory    \*Available as a Complete Kit