



Window with Transom

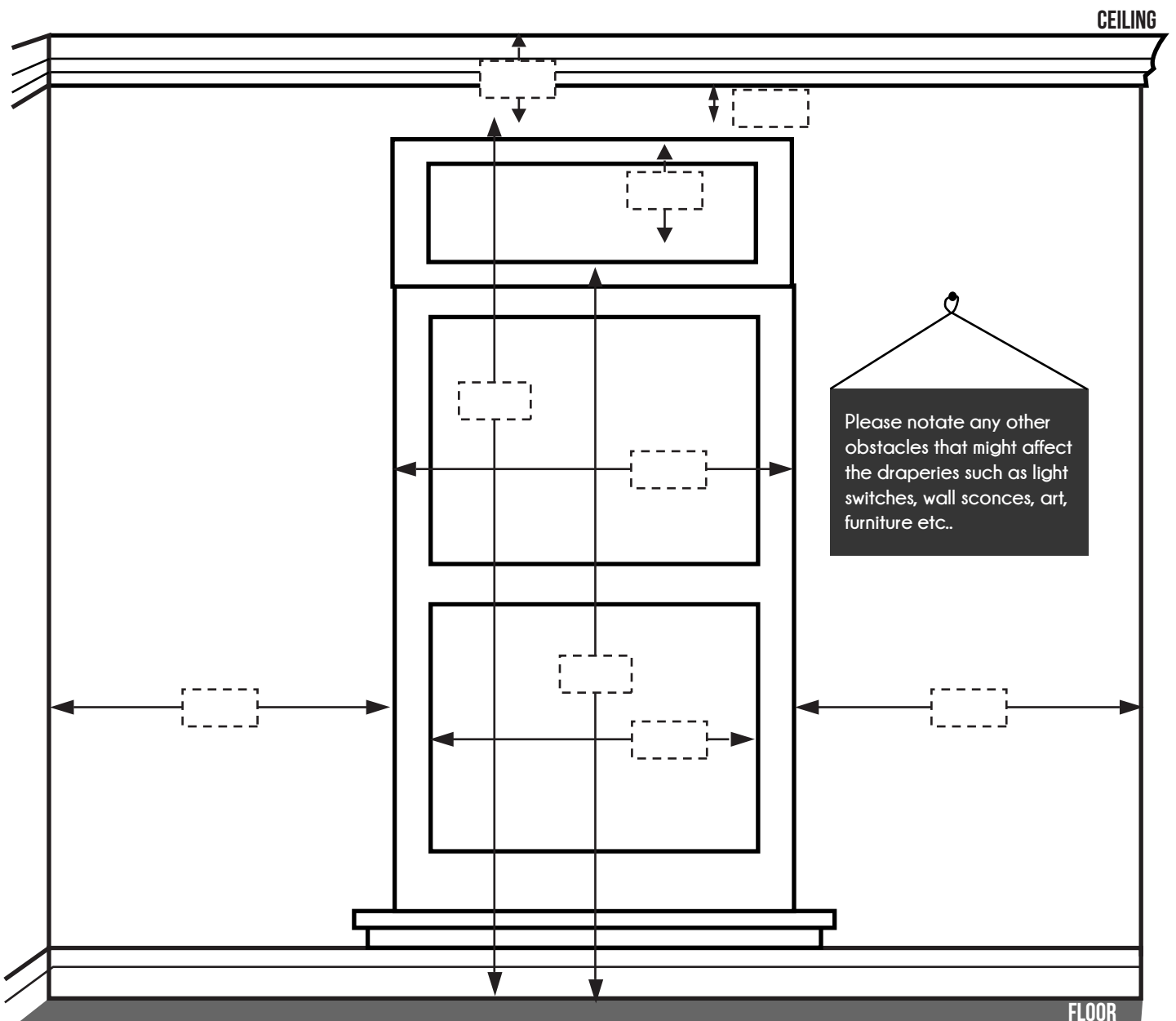
MEASURING GUIDE

NAME: _____ DATE: _____

PHONE: _____ TREATMENT TYPE: _____

FABRIC: _____ ROOM: _____

NOTES: _____



U-Fab is not responsible for any incorrect measurements taken, if you are unsure about any measurements please discuss with a professional.