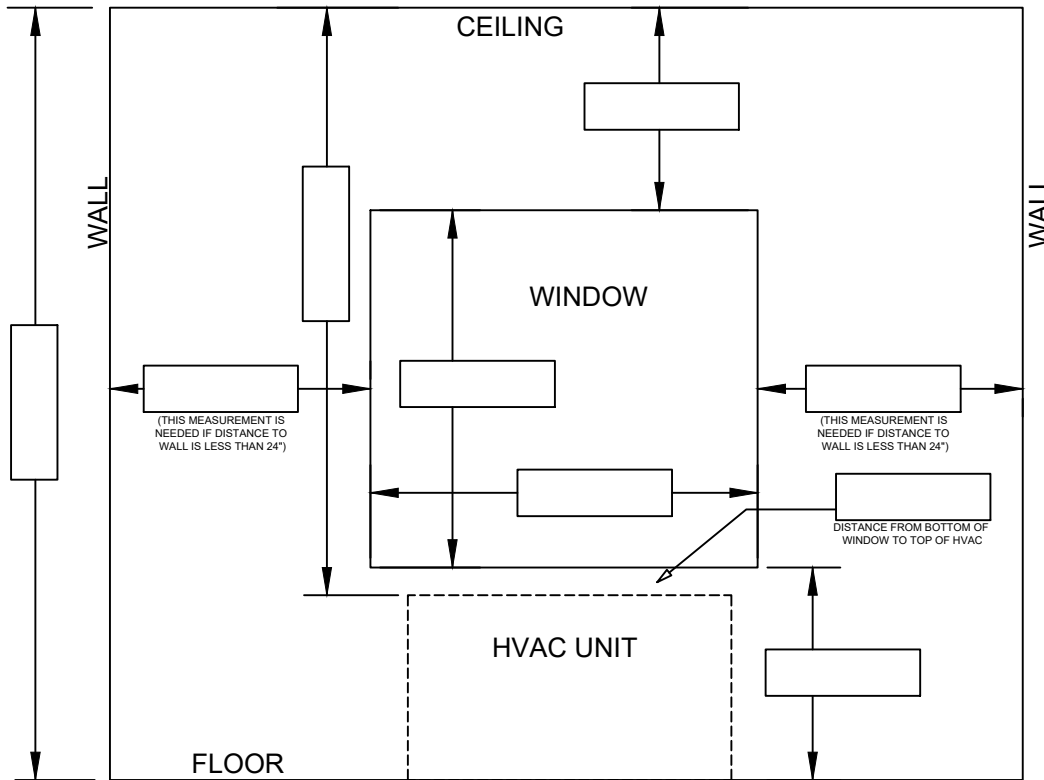


CEILING MOUNTED WINDOW TREATMENT



PLEASE FILL OUT EACH BOX WITH DIMENSIONS & LABEL THE WINDOW LOCATION



WINDOW LOCATION/ROOM#:

Property Name:

Address:

Approved By: