



SLINGSHOT LLC

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Toilet Partition Take-Off Guide

Data Sheet: TP10.3.1

3-2010

ROOM # ____ OF ____ ROOM NAME: _____

CIRCLE ONE PER COLUMN:

MOUNTING STYLE

- HEADRAIL BRACED/
FLOOR MOUNT (std.)
- FLOOR MOUNT
- CEILING HUNG

MATERIAL

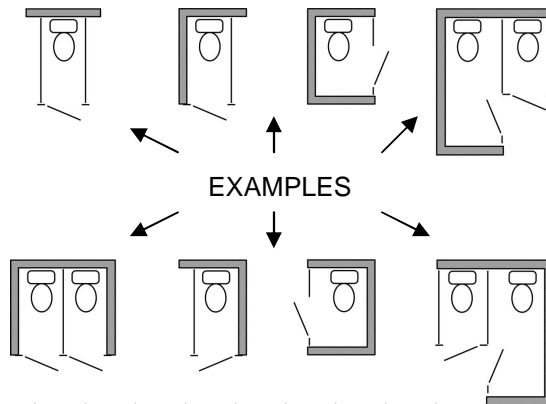
- POWDER COATED
STEEL (std.)
- STAINLESS STEEL
- SOLID PLASTIC
- OTHER

COLOR

- STOCK FINISH
- CUSTOM: _____

URINAL SCREEN

- WALL HUNG (std.)
- FLOOR MOUNTED



DRAW THE REQUIRED LAYOUT IN THE SPACE BELOW, INCLUDE:

- WIDTH OF ROOM
- LENGTH OF ROOM
- TOTAL NUMBER OF STALLS
- TOTAL NUMBER OF URINAL SCREENS
- ANY ADA COMPARTMENTS REQUIRED
- TOILET BOWL CENTER (IF KNOWN)

