

CUBICLE CURTAIN QUESTIONNAIRE

School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____

Phone: _____ Fax: _____

Email: _____

1. What is the **CEILING HEIGHT**? _____
2. Do you require **TRACK**? _____ Yes _____ No
 - a. If Yes, what are the **TRACK DIMENSIONS**? _____
 - b. If No, what is the existing **TRACK MEASUREMENT**? _____
 - c. Does the **TRACK** layout **INTERFERE** with any Light Fixtures, A/C Ducts, Sprinkler Heads, etc.? _____ Yes _____ No
*If yes, include Fixture(s) in Diagram for accurate pricing.

3. How will the **TRACK** be **MOUNTED**?
 - a. Direct to the Ceiling
 - b. Suspended down from the Ceiling
 - i. How far from the Ceiling would you like the Track to begin? _____
 - c. Wall
 - d. Other _____

4. **CEILING (or Wall) SURFACE**

(1) Drop / Suspended Ceiling	(4) Plaster
(2) Ceiling Tile	(5) Brick
(3) Sheetrock	(6) Cement
Other _____	

5. **FABRIC SELECTION**

a. PATTERN: _____

b. COLOR: _____

6. **DIAGRAM EXAMPLE**

(2) Curtains: (1) 5 feet x 7 feet; (1) 5 feet x 8 feet

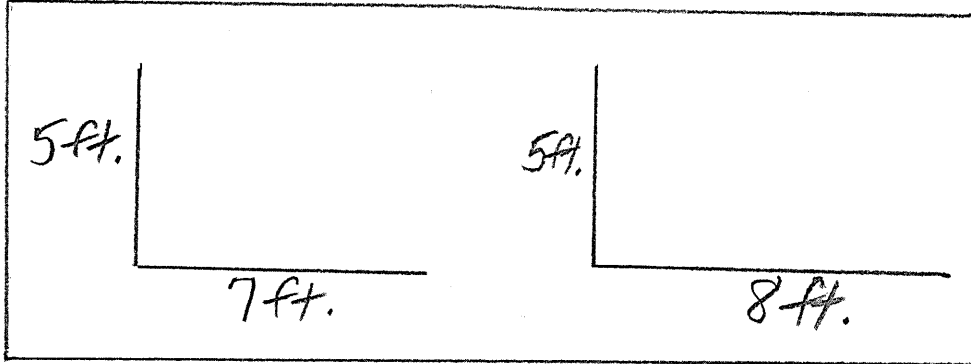


DIAGRAM FOR QUOTE