

LAYOUT TYPE

Between Walls

- 1** Please show us on the overhead layout below how your current toilet partitions are configured.
 Please fill in measurements and show us any changes that you would like to make.

2

TOTAL WIDTH

WIDTH

WIDTH

DEPTH

**Want to change the way the door swings?
 Please draw the doors in by hand*

3 **Choose Material:**

- ☐ Powder Coated Steel
- ☐ Phenolic ☐ Stainless Steel
- ☐ Solid Plastic ☐ Plastic Laminate

4 **Options:**

- ☐ Handicapped Stalls
 if so, how many? ()
- ☐ Continuous Brackets
- ☐ Continuous Hinges

5 **Mounting Style:**



☐ Floor to Ceiling



☐ Floor Mounted



☐ Overhead Braced



☐ Ceiling Hung

6 Name: _____ Company Name: _____
 Phone: _____ Email: _____
 Address: _____
 City: _____ State: _____ Zipcode: _____ Need Partitions By: _____