

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** **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: _____