

# 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**  **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: \_\_\_\_\_