

**Window Measurement Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone(day): \_\_\_\_\_ (evening): \_\_\_\_\_

**SOUNDPROOF**  **WINDOWS**

4673 Aircenter Circle Reno, NV 89502  
 www.soundproofwindows.com Sales@soundproofwindows.com  
 Fax (877)-226-4063

Window # \_\_\_\_\_

Window Location: \_\_\_\_\_

**Measurements:**

Width 1-  
2-  
3-

Height 4-  
5-  
6-

**The Color You Want:**

White  Colonial  Other \_\_\_\_\_

**How does this window open?**

Up & Down  Slides left/right  
 Fixed - does not open  Cranks Open  
 Other \_\_\_\_\_

**Is there a window sill?**

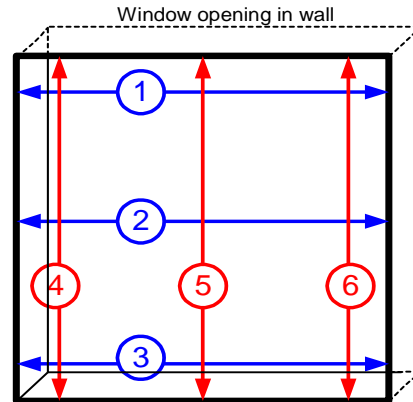
Yes  No

Wall to window depth: \_\_\_\_\_ Inches

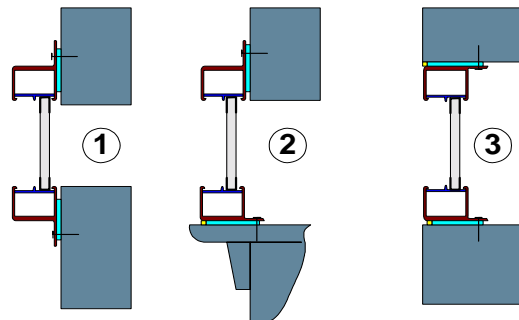
**Window Frame Mounting Style preferred:**

1: Surface Mount  
 2: Surface with Sill  
 3: **Standard** Flush Mount

Notes:



**Window Frame Mounting Styles**



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