

FLIGHT Measurement Form: Straight

Customer Name:	Order Number: _		Date:	
Need on site Date:	Name or Location	of Stair S	System:	
Need on site Date:	Name or Location 2B 9 Header Detail 12 13	1. Sull 2. Fin A E 3. Cei 6. He 7. Sull 8. Mo 9. Sta 10. De 11. He 12. Fin 13. He 14. He 15. Do 16. Loc	All measurement bfloor to Subfloor	Upstairs Wood Concrete on ler the Stairs? No Run
Notes:				