

Window # _____

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Soundproof Window Treatments VERTICAL OPENING WINDOW Measuring Form

Window location: _____

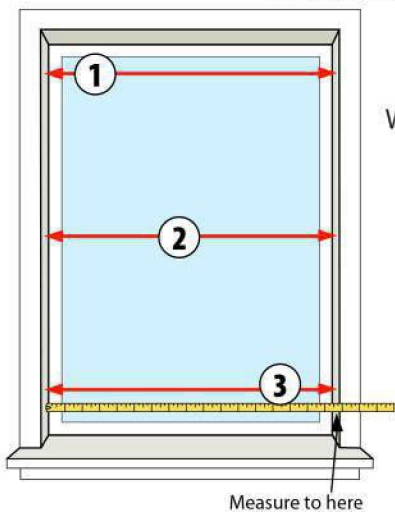
Name: _____

Address _____

Phone (day): _____ (evening): _____

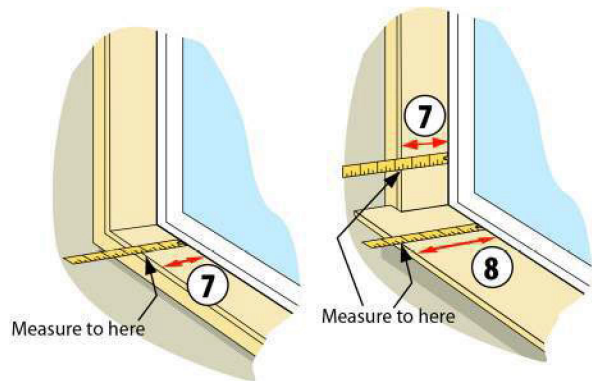
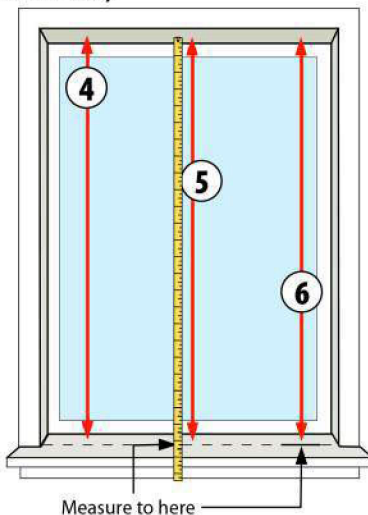
Email: _____

Measurements in Inches only (example: 27 3/8)



Width
1 - _____
2 - _____
3 - _____

Height
4 - _____
5 - _____
6 - _____



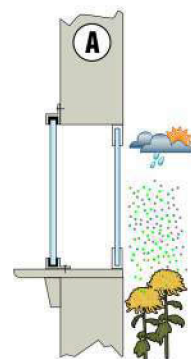
7 - Wall to window depth _____

8 - Edge of sill to window depth _____

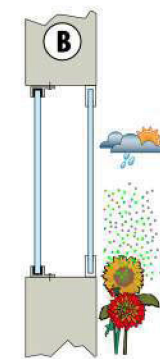
Window Frame Mounting Style Preferred:

Surface with Sill

Standard
Flush Mount



☐ A: Surface
with Sill



☐ B: Standard
Flush Mount

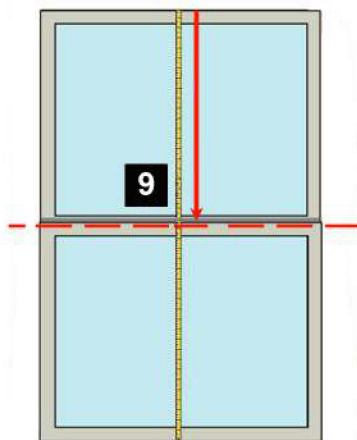
Is there a window sill? ☐ Yes ☐ No

The Color You Want:

☐ White ☐ Bronze (dark brown) ☐ Matte Anodized Silver
☐ Other _____

How does this window open?

☐ Up & Down ☐ Slides left/right
☐ Fixed - does not open ☐ Cranks Open
☐ Other _____



9 - Centerline of Existing Window _____

9 Measure from top of window opening
to Centerline of Existing Window