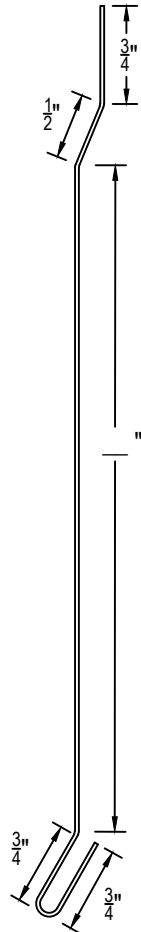


VENTED FASCIA COVER



MATERIAL (please choose one):

- | | |
|--|--|
| <input type="checkbox"/> 24 GA Steel | <input type="checkbox"/> .040 Aluminum |
| <input type="checkbox"/> 22 GA Steel | <input type="checkbox"/> .050 Aluminum |
| <input type="checkbox"/> .032 Aluminum | <input type="checkbox"/> .063 Aluminum |

Other: _____
 Color: _____
 Finish: _____

QUANTITIES:

_____ Total Linear Feet (10'-0" Lengths)

Sheet ___ of ___.

DWG# 750-004

Notes:

1) Written approval is required prior to fabrication, contractor is responsible for all dimensions and quantities. Fabricated items are not returnable.

Project Name: _____

Installing Contractor: _____

Contact Name: _____

Contact number: _____

Signed Approval: _____

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