

Name: _____ Last: _____ Email: _____

Address: _____ Zip _____

Phone: _____ Fax: _____ Other: _____

Name of Stone: _____ Edge: _____

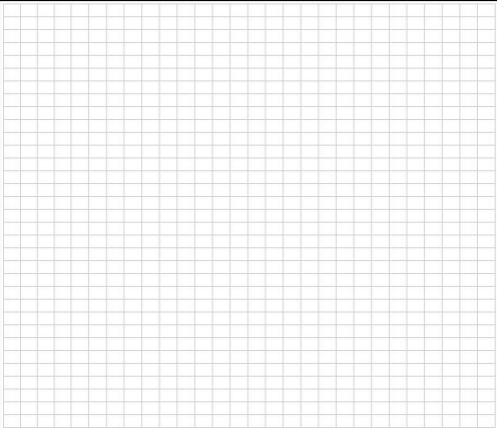
Type of Sink: Drop-in Sink Undermount Other: _____

Backsplash: Yes or No *If Yes, what Size Backsplash:* _____

Removal/Demolition: Yes or No *If Yes, Existing Countertop:* _____

FAX YOUR MEASUREMENTS TO 818-275-3341

Use this space to make a rough sketch of your countertops with measurements.



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