



Sign Survey Checklist

Ship sign to:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Contact _____ Phone _____

Sign location:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Contact _____ Phone _____

Installer

Cabinet height		
Cabinet width		
Cabinet depth		
Visible Opening		
Height		
Width		
Retainer width		
Pan depth		
Embossed depth		
Single Pole or Double Pole		
Between poles width		
Pole dimensions		
Cabinet needed?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Is this sign lighted?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Number of faces	one <input type="checkbox"/>	two <input type="checkbox"/>

Please add any other information you feel we need to know

By signing below I attest that all information is correct.

Signature _____ Date _____

Insert drawing below:

