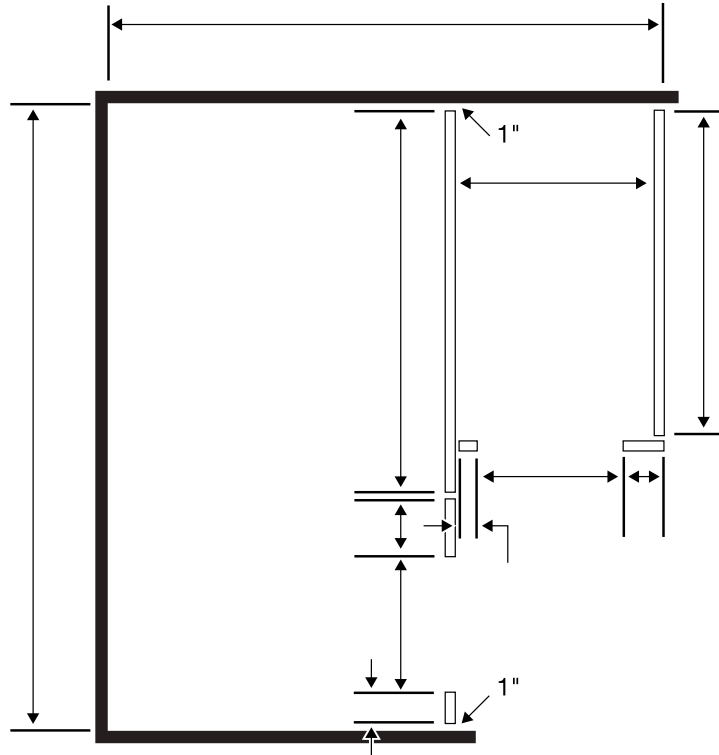




Toilet Partition Style Verification Form

Alcove Left Hand, 1 Stall

Fax: 1-800-642-2406 • P: 1-800-642-2403 • www.robertbrooke.com



Note: Please fill in all measurements on above drawing.

■ **Indicate door(s) HINGES:**

- NO Doors
- Hinged on RIGHT
- Hinged on LEFT

■ **Indicate door(s) SWING:**

- NO Doors
- Swing OUT
- Swing IN

■ **Select Material:**

- Baked Enamel
- Plastic Laminate
- Solid Plastic
- Plastic Phenolic
- Stainless Steel

■ **Please Indicate Color:**

(see catalog or web for color charts)

■ **Select Style:** (see examples below)

- Overhead Braced
- Floor Mounted
- Ceiling Hung
- Floor to Ceiling

■ **Please complete the information below:**

Date:

Your Name:

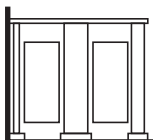
Company Name:

Phone Number:

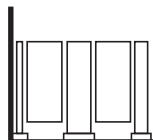
Fax Number:

Email Address:

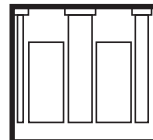
■ Signature:



Overhead Braced



Floor Mounted



Ceiling Hung



Floor to Ceiling