

CUSTOMER:
W/O:
DATE:

FILLER NECK: OLD NEW TYPE: _____

DRAIN FLANGE: QTY: _____

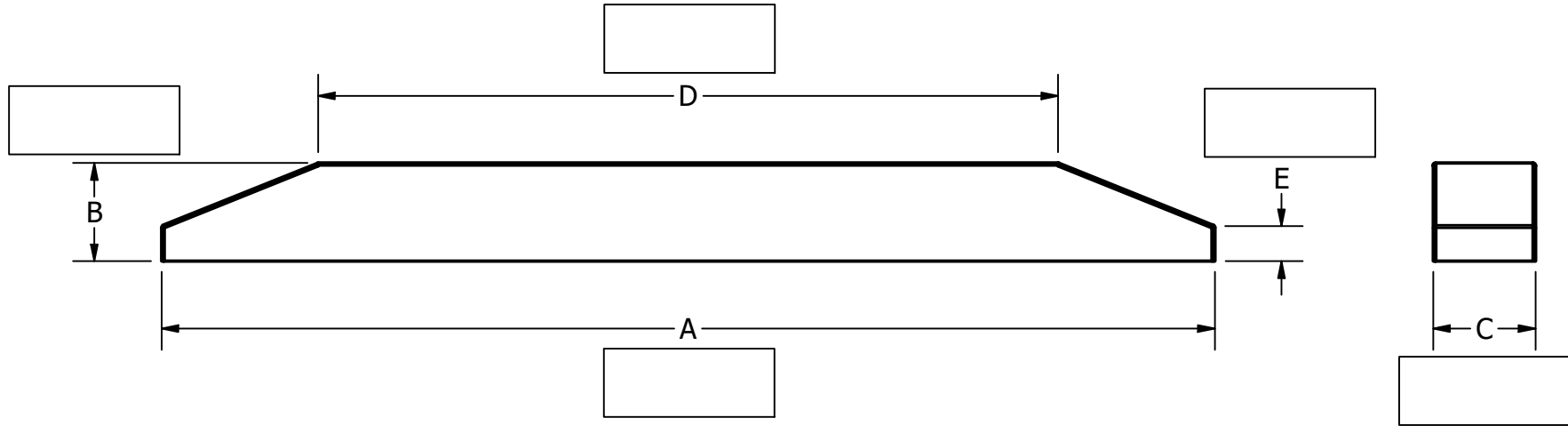
CONNECTION 1: OLD NEW DIA: _____ LENGTH: _____

DRAIN TAP:

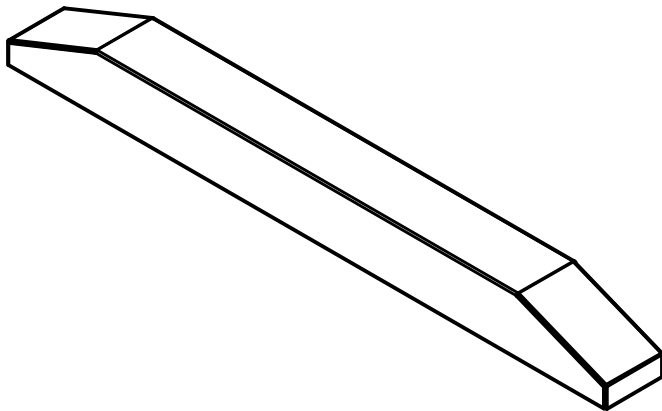
CONNECTION 2: OLD NEW DIA: _____ LENGTH: _____

APPROX. LABOR: _____

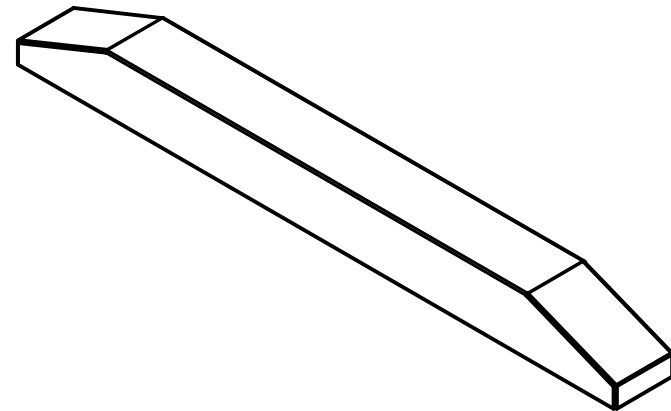
OTHER: _____



FEATURES



FRONT / TOP



BACK / BTM