

QUANTITY, this detail :

_____ FT. TOTAL PERIMETER

_____ PCS STOCK @ 10'0"

_____ PCS STD. O.S. CORNER

_____ PCS STD. I.S. CORNER

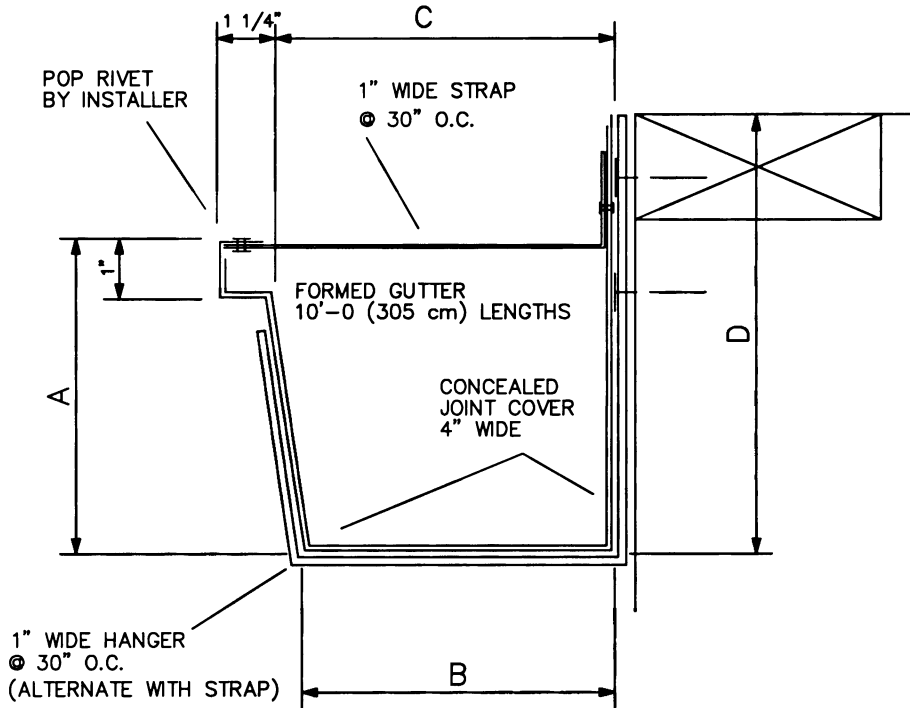
_____ PCS SPEC. CORNER (attach sketches)

_____ PCS END CAP - L

_____ PCS END CAP - R

_____ EXPANSION JOINTS *

* INCLUDES (2) END CAPS AND EXPANSION JOINT COVER



DETAIL _____	ARCH'L REF. _____	DESCRIPTION _____
MODEL	SIZE	GUAGE
<input type="checkbox"/> G44	A = _____	<input type="checkbox"/> .040
<input type="checkbox"/> G46	B = _____	<input type="checkbox"/> .050
<input type="checkbox"/> G64	C = _____	<input type="checkbox"/> .063
<input type="checkbox"/> G66	D = _____	<input type="checkbox"/> .080
<input type="checkbox"/> CUSTOM		<input type="checkbox"/> 24 GA
		<input type="checkbox"/> _____
		MATERIAL
		<input type="checkbox"/> ALUMINUM
		<input type="checkbox"/> GALV STEEL
		<input type="checkbox"/> _____
		FINISH
		<input type="checkbox"/> MILL FINISH
		<input type="checkbox"/> KYNAR 500
		<input type="checkbox"/> CLEAR ANODIZED
		<input type="checkbox"/> BRONZE ANODIZED
		<input type="checkbox"/> BLACK ANODIZED
		<input type="checkbox"/> _____
SEE SIZE CHART ON BACK		COLOR _____

TRANSMITTAL

REQUEST FOR QUOTATION REQUEST FOR INFORMATION

SUBMIT AS QUOTATION CONFIRMING TELCON

SUBMIT FOR APPROVAL FOR YOUR FILES

BY _____ DATE _____

CUSTOMER APPROVAL :

APPROVED FOR FABRICATION _____

APPROVED WITH CHANGES AUTHORIZED CUSTOMER SIGNATURE _____

DISAPPROVED, RESUBMIT _____

_____ TITLE _____ DATE _____

JOB NAME	JOB #
LOCATION	SHEET OF
CUSTOMER	BY
REPRESENTATIVE	DATE
ARCHITECT	\\A13\ORDRSPEC\GUTTER\

Formed Gutter

Model	A		B		C		D		Recommended Minimum Thickness	
	in.	mm	in.	mm	in.	mm	in.	mm	in.	mm
G44	4	102	4	102	4 3/8	111	6	152	.040	1.0
G46	4	102	6	152	6 3/8	162	6	152	.050	1.3
G64	6	152	4	102	5 1/2	140	8	203	.050	1.3
G66	6	152	6	152	7 1/2	191	8	203	.063	1.6

Minimum and Maximum Sizes and Minimum Gauges are Indicated Intermediate Sizes May Be Specified Within These Ranges.

