



DERBIGUM®
MAKING BUILDINGS SMART

PERLOK

Thru-Wall Scupper

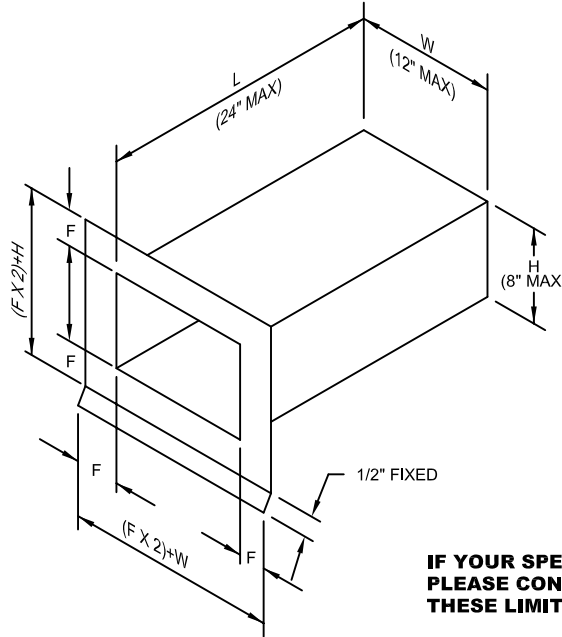
Order/Specification Form

4800 Blue Parkway
800.727.9872
www.derbigum.com

Kansas City, MO 64130
Fax: 816.921.5007

NOTE:
DIM. "H" = 8" MAX.
DIM. "L" = 24" MAX.
DIM. "W" = 12" MAX.

F = _____
H = _____
L = _____
W = _____



**IF YOUR SPECIFICATIONS EXCEED THESE LIMITS,
PLEASE CONTACT PRS FOR SIZES BEYOND
THESE LIMITS.**

DETAIL:	ARCHITECTURAL REF:	DESCRIPTION:		
QUANTITY, THIS DETAIL _____ TOTAL # PIECES		MATERIAL <input type="checkbox"/> ALUMINUM <input type="checkbox"/> STAINLESS STEEL <input type="checkbox"/> _____	TYPE <input type="checkbox"/> WELDED * METAL-LOCK SCUPPERS ARE NOT AVAILABLE.	FINISH <input type="checkbox"/> MILL FINISH <input type="checkbox"/> POST FINISHED KYNAR <input type="checkbox"/> PREFINISHED ANODIZE <input type="checkbox"/> POST FINISHED ANODIZE <input type="checkbox"/> _____
		THICKNESS <input type="checkbox"/> .050 <input type="checkbox"/> .063 <input type="checkbox"/> _____	COLOR _____	
Transmittal <input type="checkbox"/> REQUEST FOR QUOTATION <input type="checkbox"/> SUBMIT FOR APPROVAL <input type="checkbox"/> REQUEST FOR INFORMATION <input type="checkbox"/> CONFIRMING TELECONFERENCE <input type="checkbox"/> FOR YOUR FILES By _____ Date _____		Customer Approval <input type="checkbox"/> APPROVED FOR FABRICATION <input type="checkbox"/> APPROVED AS NOTED <input type="checkbox"/> AMEND & RESUBMIT _____ Authorized Customer Signature _____ Title _____ Date _____		
Job Name		Job #		
Location		Sheet of		
Customer		By		
Representative		Date		
Architect				