

PROJECT INFORMATION

PROJECT NAME: _____ RESIDENTIAL COMMERCIAL

DISTRIBUTOR CONTACT INFORMATION

NAME: _____ CONTACT NAME: _____

ADDRESS: _____ EMAIL: _____

PHONE: _____ CITY: _____ STATE: _____ ZIP: _____

MOUNTING TYPE

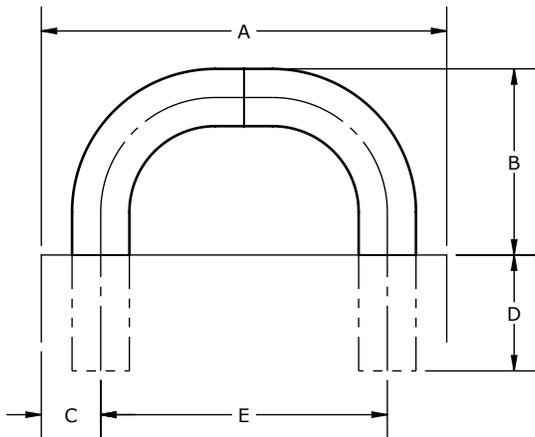
ANCHORED FLANGED

MATERIAL

1.50" X .120" POLISHED 316 STAINLESS STEEL

REQUESTED PATTERN

GRAB RAIL
QTY: _____



DIMENSIONS

A _____ TRANSFER WALL WIDTH

B _____ HEIGHT OF THE RAIL FROM THE WALL

C _____ SPACING FROM TRANSFER WALL TO CENTER OF RAIL

D _____ DEPTH OF ANCHORS (IF APPLICABLE)

E _____ WIDTH OF HAND RAIL (CENTER TO CENTER)

F _____ SPACING BETWEEN SUPPORT(S) QTY: _____

HAND RAIL
QTY: _____

