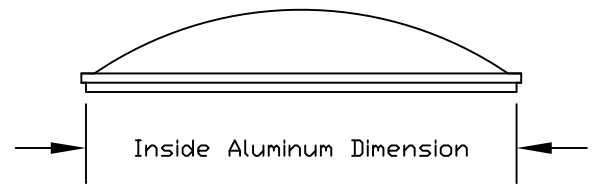
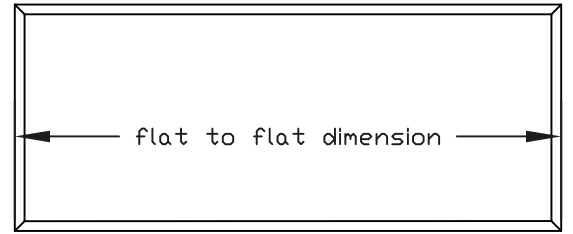
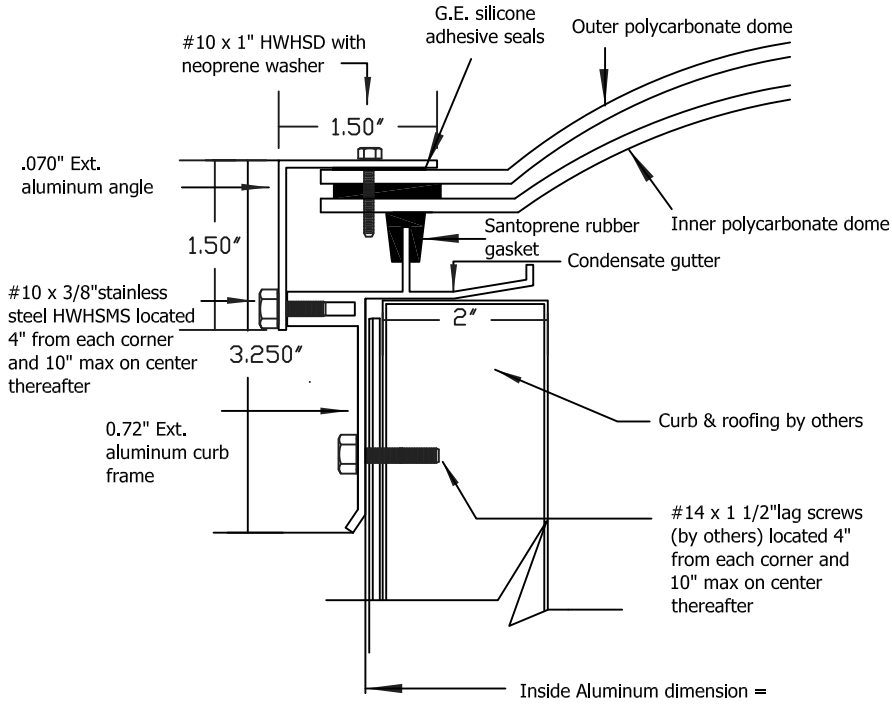


SPECIFICATIONS AND DATA SHEET



CURB-MOUNTED DOMED SKYLIGHT DADE COUNTY IMPACT APPROVED

APPROVED BY: _____ (SIGNATURE)

CUSTOMER:

DATE:

P.O. NUMBER:

I.A.D. OF SKYLIGHT:

O.D. OF FINISHED CURB:

QUANTITY:

ALUMINUM FINISH		
MILL (STANDARD)	<input type="checkbox"/>	
WHITE PAINTED	<input type="checkbox"/>	
BRONZE PAINTED	<input type="checkbox"/>	
OTHER _____	<input type="checkbox"/>	
GLAZING COLOR		
	OUTER	INNER
CLEAR	<input type="checkbox"/>	<input type="checkbox"/>
WHITE	<input type="checkbox"/>	<input type="checkbox"/>
BRONZE	<input type="checkbox"/>	<input type="checkbox"/>
OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>

SKYLIGHT CONCEPTS INC.

9715 W. BROWARD BLVD #264 PLANTATION
FL 33324

PH. 954-772-2394