VIEWER PREP FORM

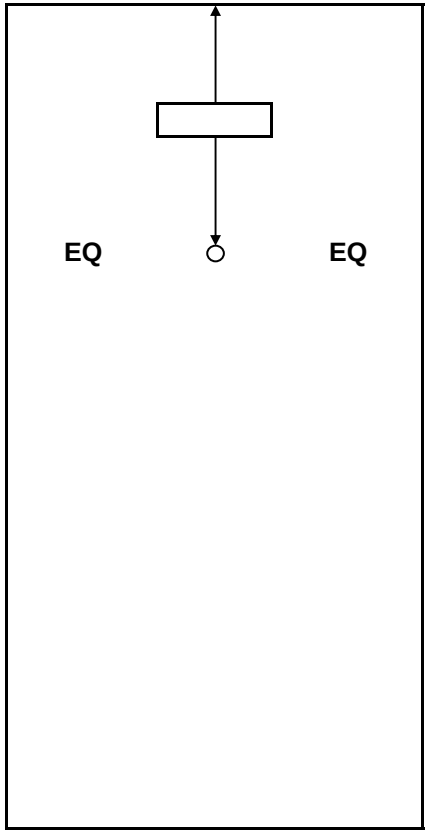
2077 MAIN STREET P.O. BOX 528 LYNDEN, WA 98264
PH (360)354.5676 FAX: (360)318-8687

CUSTOMER _____
P. O. #: _____

PAGE _____ OF _____
DATE _____
DRAWN BY _____

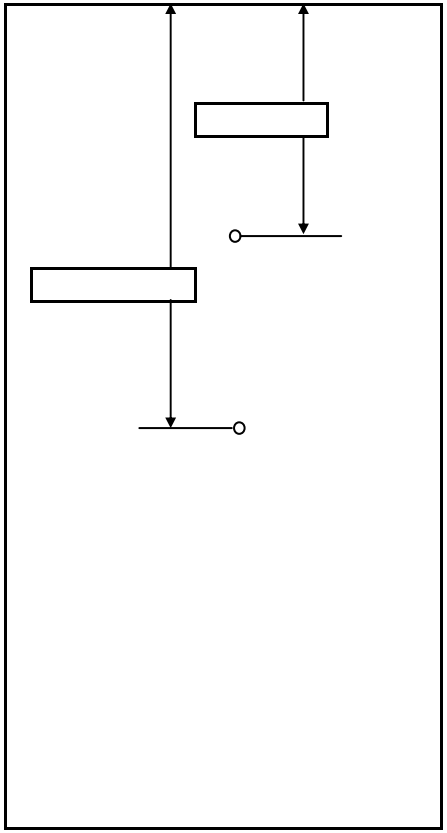
Note: Any and all changes must be submitted to Lynden Door in writing. No verbal changes will be accepted. Accuracy of information is the responsibility of the customer.

SINGLE VIEWER



VIEWER DIAMETER

DOUBLE VIEWER



VIEWER #1 DIAMETER

VIEWER #2 DIAMETER

SPECIAL INSTRUCTIONS

DRAWING LETTER		DRAWING LETTER