

REQUEST FOR QUOTE:

▶ ADJUSTABLE WALL LOUVERS

Please submit the following form and a Metallic Products representative will contact you about your quote.

	JOB REFERENCE (if applicable):				
	CUSTOMER NAME:				
	COMPANY (if applicable):				
	☐ WILL CALL Phone Number (Req'd):				
	☐ SHIP TO: ZIP (Req'd):				
	REQUESTED COMPLETION DATE (MM/DD/YY):				
	QUANTITY:				
► TECHNI	CAL SPECIFI	CATIONS Check	c only one box.		
SIZE:	Width:	He	ight:		
FLORIDA APPROVED: APPROVED: YES NO NOTE: Maximum Size = 4' w x 4' h (Flat Flange Only.) Can be Mulled Together.					
OPERATOR:	\square Hand Crank	☐ 10' #35 Sash Cha	ain 🗆 Electric	Operated	\square Pneumatic Operated
OPTIONAL M	ATERIALS: Alur	ninum (Not Available fo	or Florida Approved.)		
SCREEN:	☐ Yes ☐ Insect (aluminu☐ Birdscreen (me	□ No m screen cloth) sh galvanized hardware	e cloth)		
JAMB TYPES:	A Panel	R Panel	☐ Flat Flange	□ Box	☐ Channel
POWDER COA	ATED:	ate □ Saddle □ Ash G		Other:	
ADDITIONA	L COMMENTS:				







PLEASE SEND COMPLETED FORM TO YOUR METALLIC PRODUCTS

REPRESENTATIVE. Questions? Call us at 800.356.7746 or email info@mpvent.com.

