

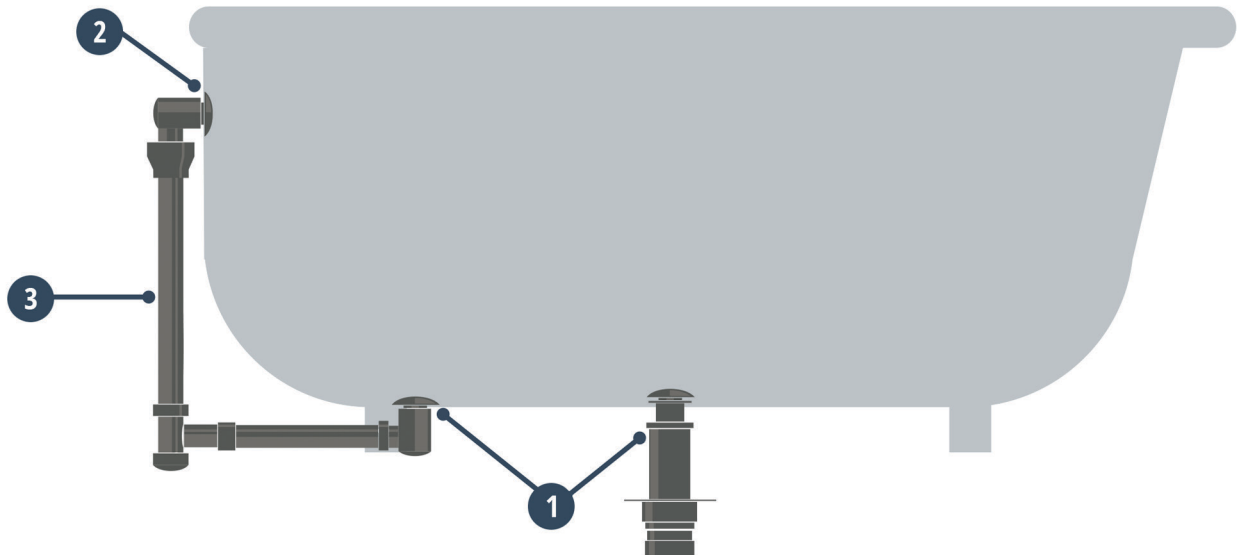
Project Location: _____

Date: _____

Customer Name: _____

Sales Order Number: _____

- 1. Drain Trim or Tub Docking Station** _____
- 2. Overflow Trim** _____
- 3. Bath Waste & Overflow*** _____



Mandatory



Not Mandatory

***Available as a Complete Kit**