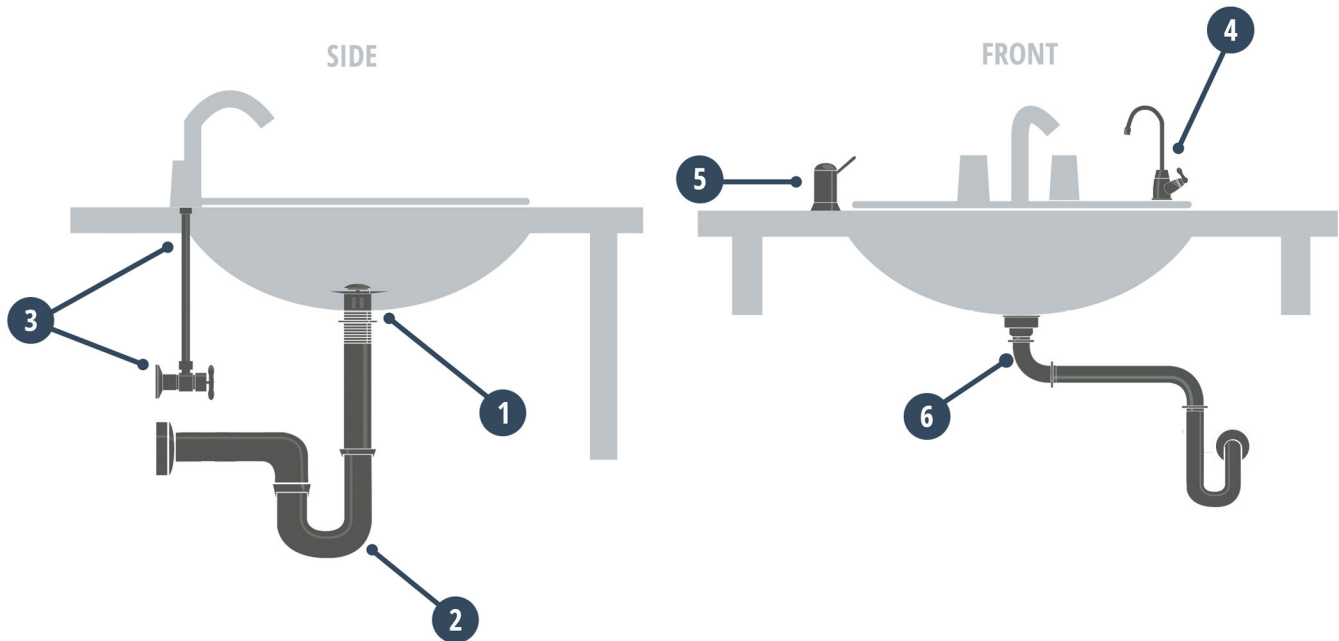


Project Location: _____
 Date: _____
 Customer Name: _____
 Sales Order Number: _____

1. Lavatory Drain (with or without Overflow)* _____
2. Lavatory Trap* _____
3. Lavatory Supply Kit* _____
4. Point-of-Use Faucet _____
5. Soap/Lotion Dispenser _____
6. Lavatory Space Saving Trap _____



■ Mandatory

■ Not Mandatory

*Available as a Complete Kit