



Freestanding Bathtub

Project Location: _____

Date: _____

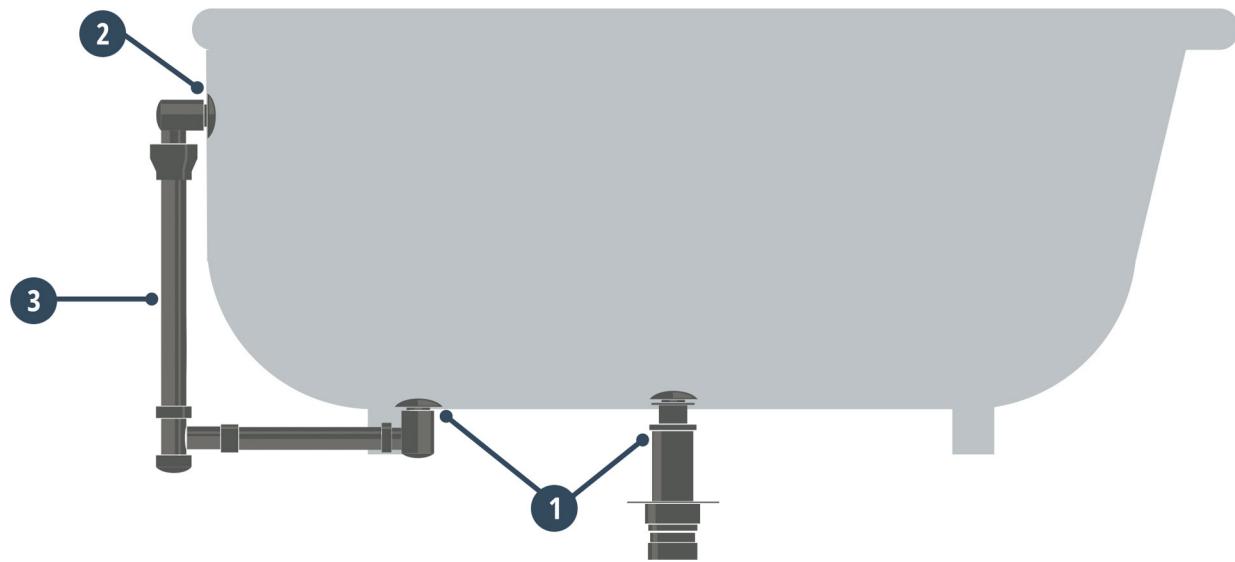
Customer Name: _____

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