

# Freestanding Bathtub

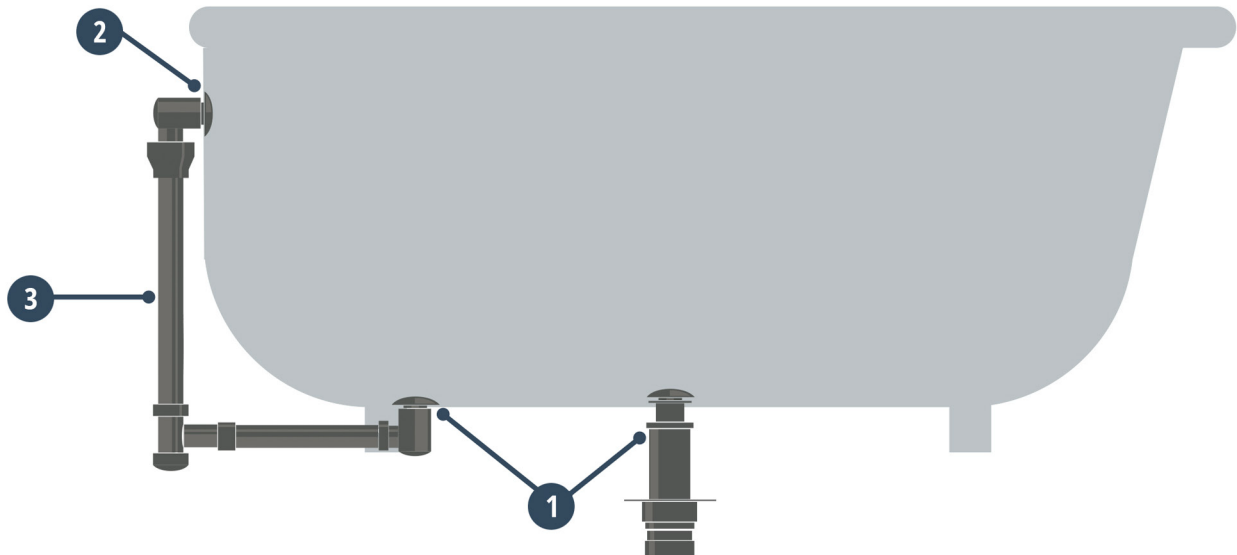
Project Location: \_\_\_\_\_

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**