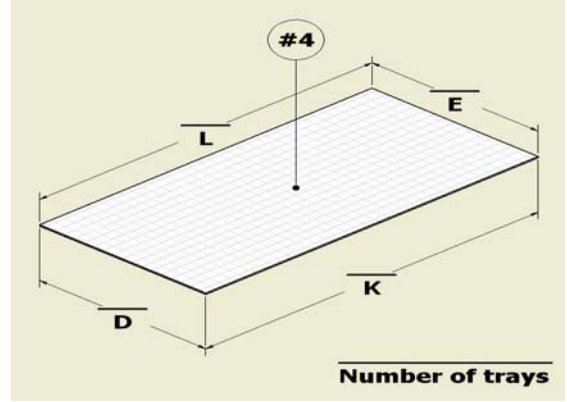
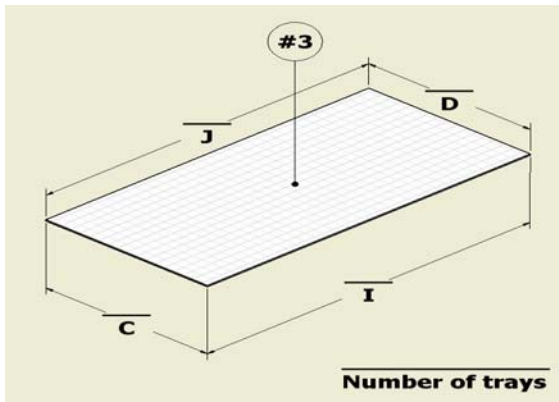
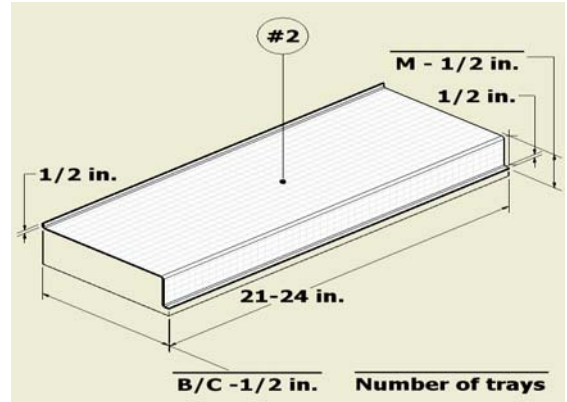
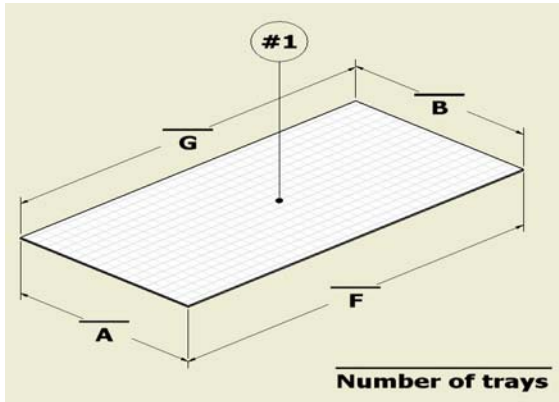


Walk-on Tray Lid Order Form

Job Name _____

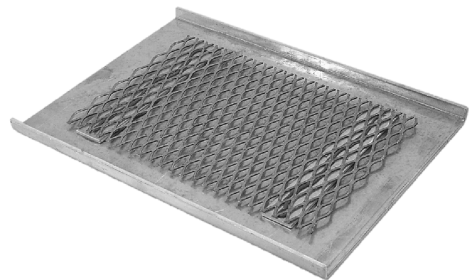
Builder _____

Directions: Write in measurements to their corresponding letters.



Total Trays _____

Total Brackets _____



NOTES:

Approved _____

Date _____