

ARCHITECTURAL PRODUCTS COMPANY

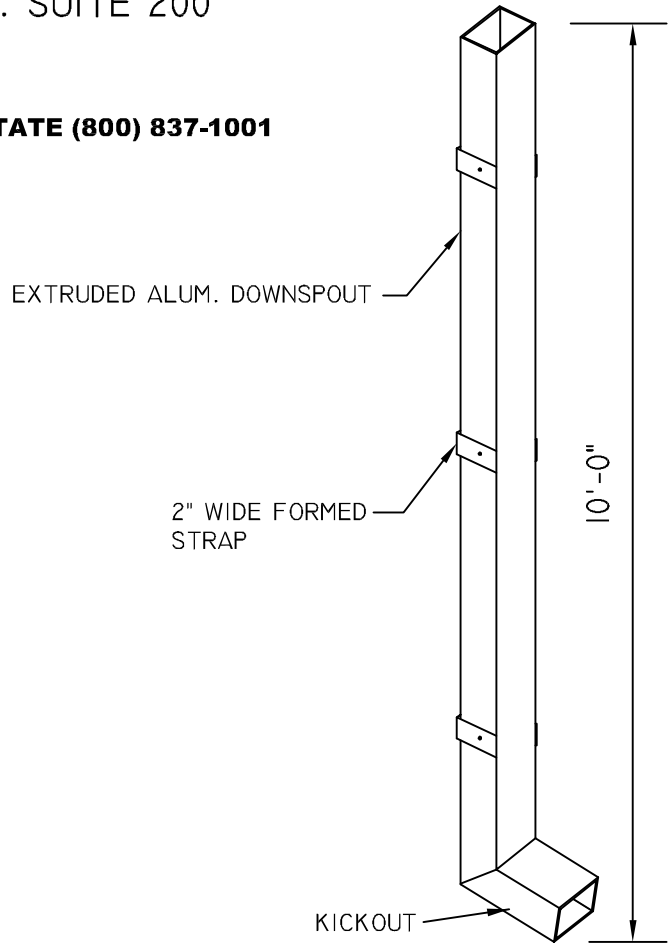
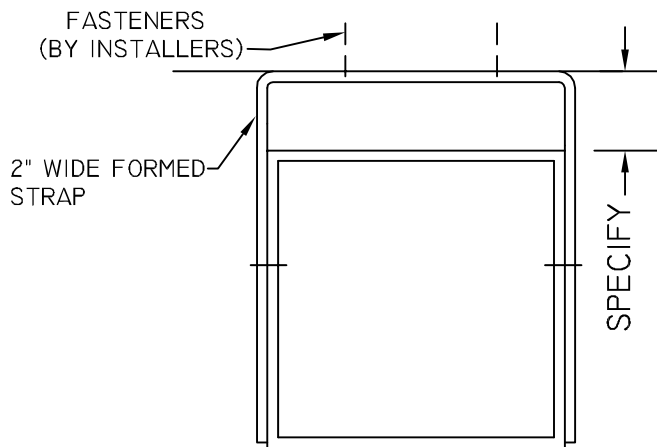
1290 AVIATION BLVD. SUITE 200
 P.O. BOX 630
 HEBRON, KY 41048

KY (859) 689-2210 OUT STATE (800) 837-1001
FAX (859) 689-2215

EXTRUDED ALUM. DOWNSPOUT

QUANTITY

- ___ PCS. @ 10'-0"
- ___ KICKOUTS
- ___ ELBOWS (ATTACH SKETCH)
- ___ CONNECTOR SLEEVES
- ___ PCS 2" WIDE FORMED ALUM. STRAP



DOWNSPOUT DETAIL

DETAIL _____ ARCH'L REF. _____ DESCRIPTION _____		
SIZE <input type="checkbox"/> 3" X 3" <input type="checkbox"/> 3" X 4" <input type="checkbox"/> 4" X 4" <input type="checkbox"/> 4" X 6" <input type="checkbox"/> 6" X 6"	MATERIAL .125" EXTRUDED ALUMINUM	FINISH <input type="checkbox"/> MILL FINISH <input type="checkbox"/> KYNAR 500 <input type="checkbox"/> CLEAR ANODIZED <input type="checkbox"/> BRONZE ANODIZED
COLOR _____		
TRANSMITTAL <input type="checkbox"/> REQUEST FOR QUOTATION <input type="checkbox"/> REQUEST FOR INFORMATION <input type="checkbox"/> SUBMIT AS QUOTATION <input type="checkbox"/> CONFIRMING TELCON <input type="checkbox"/> SUBMIT FOR APPROVAL <input type="checkbox"/> FOR YOUR FILES BY _____ DATE _____	CUSTOMER APPROVAL <input type="checkbox"/> APPROVED FOR FABRICATION <input type="checkbox"/> APPROVED WITH CHANGES _____ <input type="checkbox"/> DISAPPROVED, RESUBMIT AUTHORIZED CUSTOMER SIGNATURE _____ TITLE _____ DATE _____	
JOB NAME		JOB #
LOCATION		SHEET OF
CUSTOMER		BY
REPRESENTATIVE		DATE
ARCHITECT		