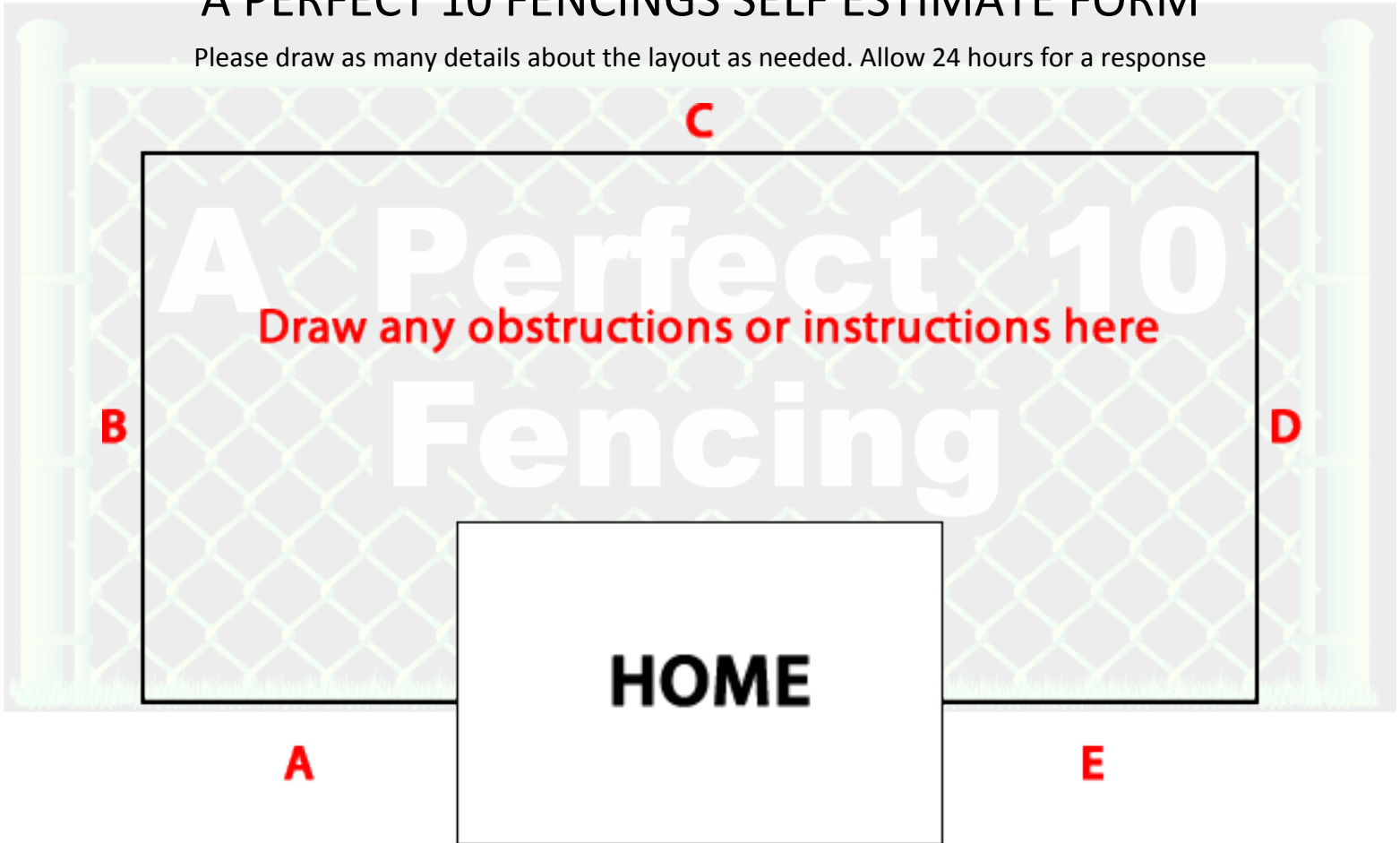


# A PERFECT 10 FENCINGS SELF ESTIMATE FORM

Please draw as many details about the layout as needed. Allow 24 hours for a response



Measurements		GATE Y/N	GATE SIZE	Gate Centered Y/N
Measurement A				
Measurement B				
Measurement C				
Measurement D				
Measurement E				

Height \_\_\_\_ Color \_\_\_\_ Vinyl \_\_\_\_ Chain Link \_\_\_\_ Aluminum \_\_\_\_ Wood \_\_\_\_ Need Installed Y \_\_\_\_ N \_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Notes: \_\_\_\_\_

Please fill out entirely and email to [Eastinfence@gmail.com](mailto:Eastinfence@gmail.com)