

McLeod Systems, Inc.
Ceiling Budget Request Form

Project Name _____ Location _____

Estimated Install Date _____ Tax Status _____

Type 1 Ceiling _____

Square Footage _____ Perm/Area Ratio _____

Type 2 Ceiling _____

Square Footage _____ Perm/Area Ratio _____

Type 3 Ceiling _____

Square Footage _____ Perm/ Area Ratio _____

Remarks/ Notes _____

Instructions:

Print out this form

- 1) Fill in all requested information
- 2) Provide manufacture's product name or number
- 3) Provide grid type for each (Ex. 9/16 , 15/16)
- 4) Provide tile edge detail for each (square or reveal)
- 5) Note any special use or other requirements
- 6) Fax to (518) 356-7223

* To calculate the Perm/Area Ratio take the average size room for your project and divide the perimeter into the room's square footage.