

# CUSTOM ENCLOSURE ENQUIRY FORM

ABN: 79 139 700 815 A: 335 TOMAGO ROAD, TOMAGO NSW 2322

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Company name:

Contact name:

Desired Lead Time:

Email Address:

Phone Number:

Roof Style:

Regular ☐

Sloped ☐

Quantity:

Size A:

(mm)

Size B:

(mm)

Size C:

(mm)

**SLOPED ROOF ONLY**

Size D:

(mm)

Size E:

(mm)

(Mounting Hole Centres)

Size F:

(mm)

Enclosure Material:

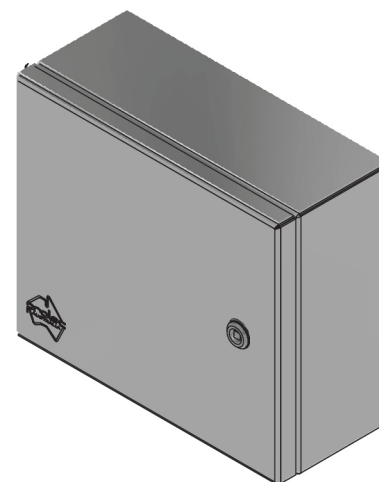
Material Thickness:

Material Finish:

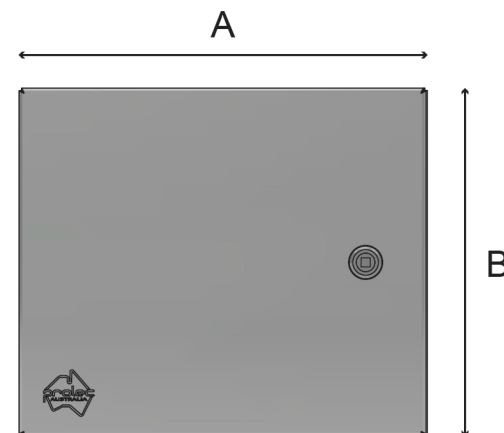
Hinge Type:

Hinge Position:

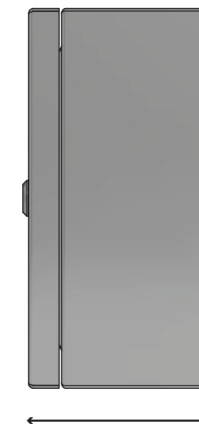
Locking:



Isometric View



Front View



Side View

3 Point Locking Rods: Y ☐ N ☐

Internal Mounting Plate:

Internal Mounting Finish:

Inner Escutcheon Door: Y ☐ N ☐

Door Labeling Required:

(Provide Details Later)

Louve Vents: Y ☐ N ☐

Gland Plate Material:

Viewing Window Material:

Mounting Kit/Plinth:

Comments:

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