

REQUEST FOR PROPOSAL

ALL PROPOSAL REQUEST FORMS MAY BE FAXED TO: (617) 912-1040 or sent via U.S. Mail to: Boston Window Film P.O. Box 290486, Boston, MA 02129

Please complete the REQUESTING PRO		formation		SAFETY & SECURITY	DECORATIVE
Contact Name			Phone	e Number	
Company			Fax	x Number	
e-mail address			Ci	ty & State	
Time Sensitive?	Y or	N	Ho	w did you find us?	
Project Name					
Location					
Site Contact					
Additional					
Information					

Window Measurements

Qty	WIDTH	Х	HEIGHT	LADDER/LIFT?	EXPOSURE	FILM TYPE	LOCATION	NOTES
		x						
		х						
		х						
		х						
		х						
		х						
		х						
		х						
		х						
		х						
		х						
		х						
		х						
		х						
		х						
		х						

Thank you for considering Boston Window Film