



29391 Old US Hwy 33 • Elkhart • IN • 46516
 Phone: (800) 551-9149 • Fax: (888) 294-2940

RV & Motor Home Side Glass Replacement Sheet

For everyone's benefit, please fill out this form entirely. Missing information and blank spaces will result in the delay of your glass order!

Year of vehicle _____ Vehicle manufacturer _____ Model _____

Manufacturer's model # from coach _____

Manufacturer's serial # from coach _____

Window location: <u>(Circle your answers)</u>	Pilot or Co-Pilot	Passenger Side	Driver Side	Rear
	Dining	Living	Bedroom	Bath Kitchen

**Please draw a description of your ENTIRE window in the space provided below.
 Not just the glass, THE ENTIRE WINDOW PLEASE!**

<p><u>Important:</u></p> <p>Measure complete window from <u>outside frame to outside frame</u> <u>from the longest or widest point.</u> <u>Not the broken glass.</u></p>	
Width in Inches _____ Height in Inches _____	

Frame Color :Black White Other _____ Are window corners: Radius (rounded) Mitered (squared)

Glass Tint Color: Dark Gray Light Gray Green Bronze Clear Reflective

DOT# from Glass: _____ Window Manufacturer: _____

Type of Glass: Tempered Plate Single Pane Insulated

For sliding & vented windows (only): Plain edge glass Metal framing around edge of glass

Frame Style: Outside Mount or Clamp ring?

Does the window have an emergency exit? Yes No
 If yes, is the release a: Cable release Hook release? (Red handle on side or bottom)

Name of Insured: _____

**Upon completion, please fax this sheet to MELANIE _____
 at 574-294-6472. If you have any questions, call 800-551-9149 extension 2029. Thanks!**