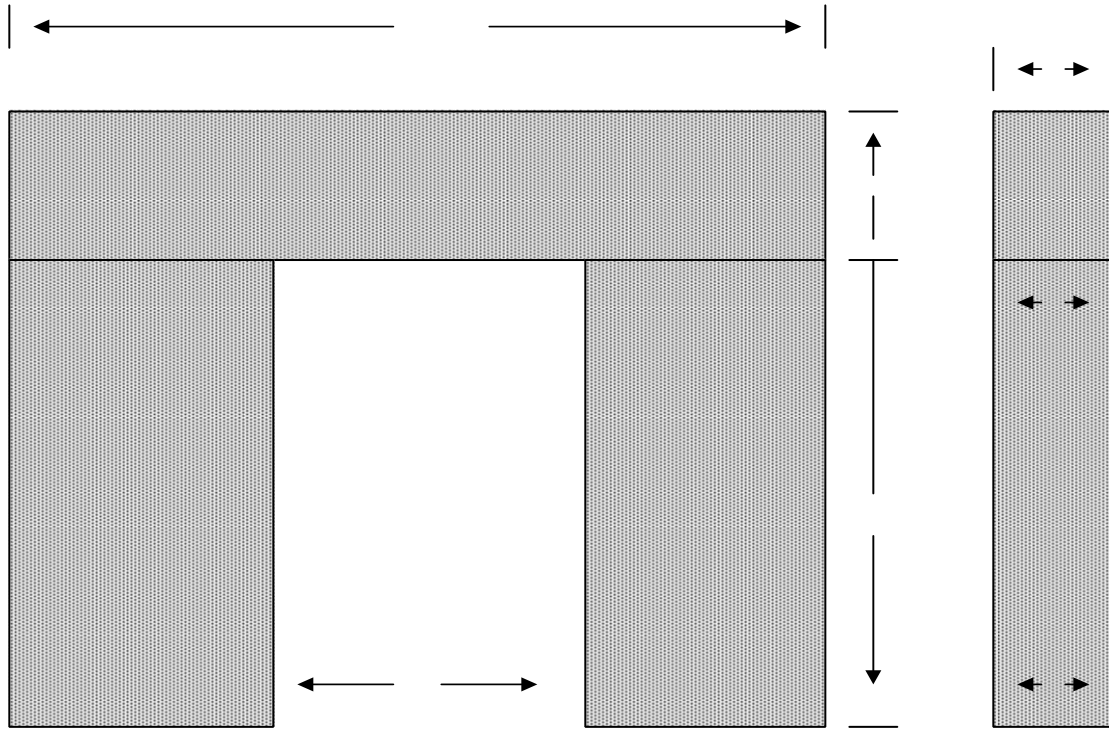


# DOCK SEAL SPECIFICATION WORKSHEET

LOCATION: \_\_\_\_\_ CONTACT: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE : \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FAX: \_\_\_\_\_



ADDITIONAL INFORMATION Needed:

**Header:** Length

Width of backer board

Projection

**Sides:** Length

Width of backer board

Projection – Top & Bottom

- Yellow Stripes?
- Full Wear Flaps?
- Top & Bottom Flaps?

Shelton Enterprises, Inc

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260-745-7425 fax