

Harmar Access

The Pinnacle Assessment Form

Client Name: _____
Address: _____ City, State: _____
Phone: _____

SL Unit: The Pinnacle

Rail Length:

Stock 16' Addt'l Feet _____ (\$35.00/FT)

Custom Cut:

Indicate Custom Measurement _____

A to B _____ inches

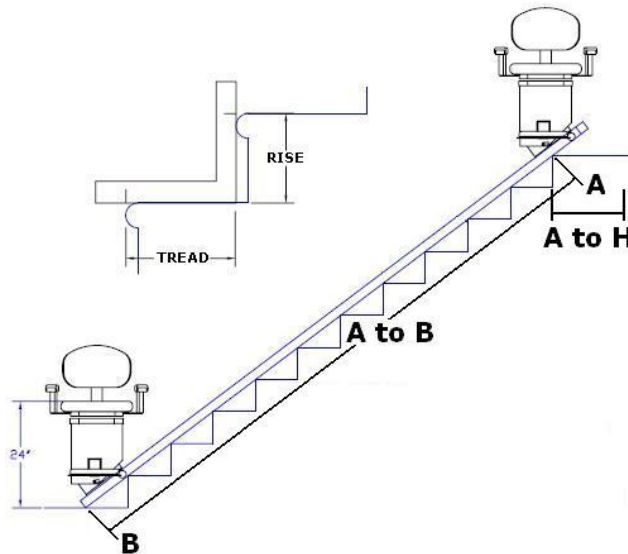
(From top landing to bottom floor)

A to H _____ inches

(Top-landing edge to nearest obstruction – ex: door)

Rise _____ inches

Tread _____ inches



Please FAX the completed form to 1stSeniorCare Toll Free 866-252-6726