



3490 BOARD RD. , SUITE B  
 YORK, PA 17406  
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Liner  
 Order  
 Form

**GREC. LAZY-L w/GREC. HOP. RIGHT**

Date:	P.O.#	Fabrication: <input type="checkbox"/> Quotation: <input type="checkbox"/>
Company:		
Zip Code:		
Job Name:		
Wall Pattern:	<input type="checkbox"/> 20 Mil <input type="checkbox"/> 28 Mil	
Bottom Pattern:	<input type="checkbox"/> 20 Mil <input type="checkbox"/> 28 Mil	

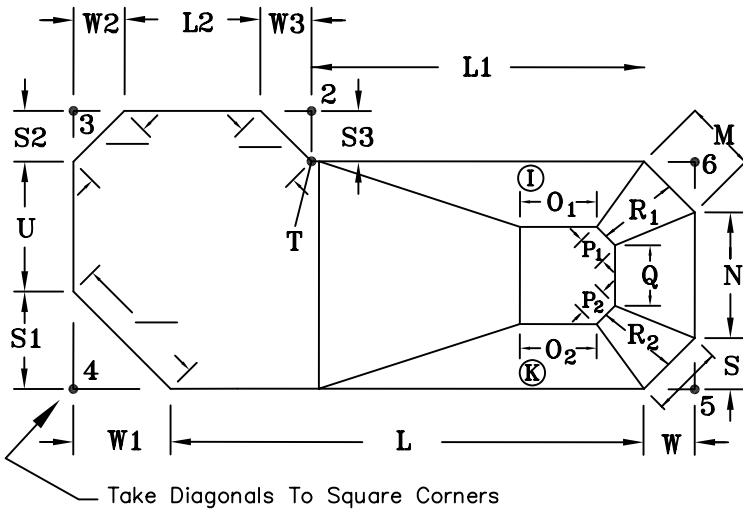
Beaded:  Overlap:  Safety Ledge:  Yes  No Width: \_\_\_\_\_ Brand Of Pool: \_\_\_\_\_

WALL SEAM LOCATION REQUEST  No  Yes

Must Be Shown And Dimensioned. Pen Fab Not Responsible For Pattern Misalignment

Note: If The Pool Has Stairs, Indicate Location From The Corners. If The Liner Covers The Stairs, Use Separate Stair Sheet For Required Stair Information.

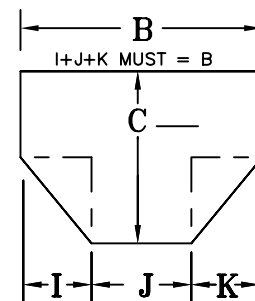
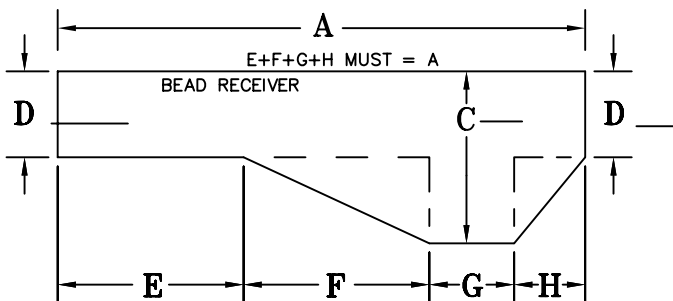
All Measurements Must Be Taken From The BEAD RECEIVER groove to the finished bottom



L \_\_\_\_\_ L1 \_\_\_\_\_ L2 \_\_\_\_\_ M \_\_\_\_\_  
 N \_\_\_\_\_ O1 \_\_\_\_\_ O2 \_\_\_\_\_ P1 \_\_\_\_\_  
 P2 \_\_\_\_\_ Q \_\_\_\_\_ R1 \_\_\_\_\_ R2 \_\_\_\_\_  
 S \_\_\_\_\_ S1 \_\_\_\_\_ S2 \_\_\_\_\_ S3 \_\_\_\_\_  
 W \_\_\_\_\_ W1 \_\_\_\_\_ W2 \_\_\_\_\_ W3 \_\_\_\_\_  
 U \_\_\_\_\_  
 2 to T \_\_\_\_\_ 2 to 3 \_\_\_\_\_ 2 to 4 \_\_\_\_\_  
 3 to 4 \_\_\_\_\_ 3 to 5 \_\_\_\_\_ 4 to 5 \_\_\_\_\_  
 4 to 6 \_\_\_\_\_ 5 to 6 \_\_\_\_\_ 6 to T \_\_\_\_\_

RIGHT  
 From  
 Deep  
 End

From Deep End of Pool



A \_\_\_\_\_ E \_\_\_\_\_ I \_\_\_\_\_  
 B \_\_\_\_\_ F \_\_\_\_\_ J \_\_\_\_\_  
 C \_\_\_\_\_ G \_\_\_\_\_ K \_\_\_\_\_  
 D \_\_\_\_\_ H \_\_\_\_\_  
 Pool Perimeter \_\_\_\_\_

Notes: