

Draw your room and fax back!

Our Fax #: 319-364-4930

Completing this form will give our experts the information needed to custom design your **Ultimate 1000 Lift** system.

Let Mortuary Lift Company help meet your work flow needs.

Please call if you have any questions!

CALL: 800-628-8809

Business Name: _____

Address: _____

Business Contact: _____ **Phone:** _____

E-mail Address: _____

Notes:

Your drawing doesn't have to be to scale.

New Construction or Remodel? _____

Ceiling Height (floor to ceiling): _____

Construction Structure of Ceiling:

Circle which applies to you & their size.

Wood Joists - Size & Direction _____

I-Beam - Size & Direction _____

Metal Truss - Size & Direction _____

Other: _____

Is the ceiling suspended? _____

If so, how far below ceiling structure is the drop ceiling? _____

What is directly above the space you'd like to install unit? _____

PLEASE DRAW THE FOLLOWING:

- 1) Direction of ceiling structures
- 2) Prep tables -
Are tables movable? **YES** or **NO**
- 3) Where you'll park caskets or cots
- 4) Distance between prep tables and caskets/cots
- 5) Doors
- 6) Cabinets
- 7) Light fixtures
- 8) 9) Visible ductwork

What type of system are you interested in?

- **Stationary**
- **Track System**

If track, will it run **perpendicular** or **parallel** to joists? _____

Desired length? _____

- **All Access**
Desired dimensions? _____
- **Gantry System**

What are the dimensions of your room? _____ Scale: _____