Draw your room and fax back!

Scan + Email:info@mortuarylift.com
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:_____

REV:4.23.23

Thank you, we look forward to working with you and your team.