

Draw your room and email it back!

Completing this form will give our expert the information needed to custom design you Ultimate 1000 Lift system.



Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Name: _____ Phone: _____
Email Address: _____

Notes: _____

New Construction or Remodel _____

Ceiling Height (floor to ceiling) _____

Construction Structure of Ceiling:

(Circle Applicable Ceiling Features)

Wood Joists—Size and Direction _____

I-Beam —Size & Direction _____

Metal Truss—Size & Direction _____

Other _____

Suspended Ceiling? _____

Distance between structural and suspended ceiling? _____

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

What type of System are you interested in?

(Circle Desired System)

1. Stationary

2. Track System

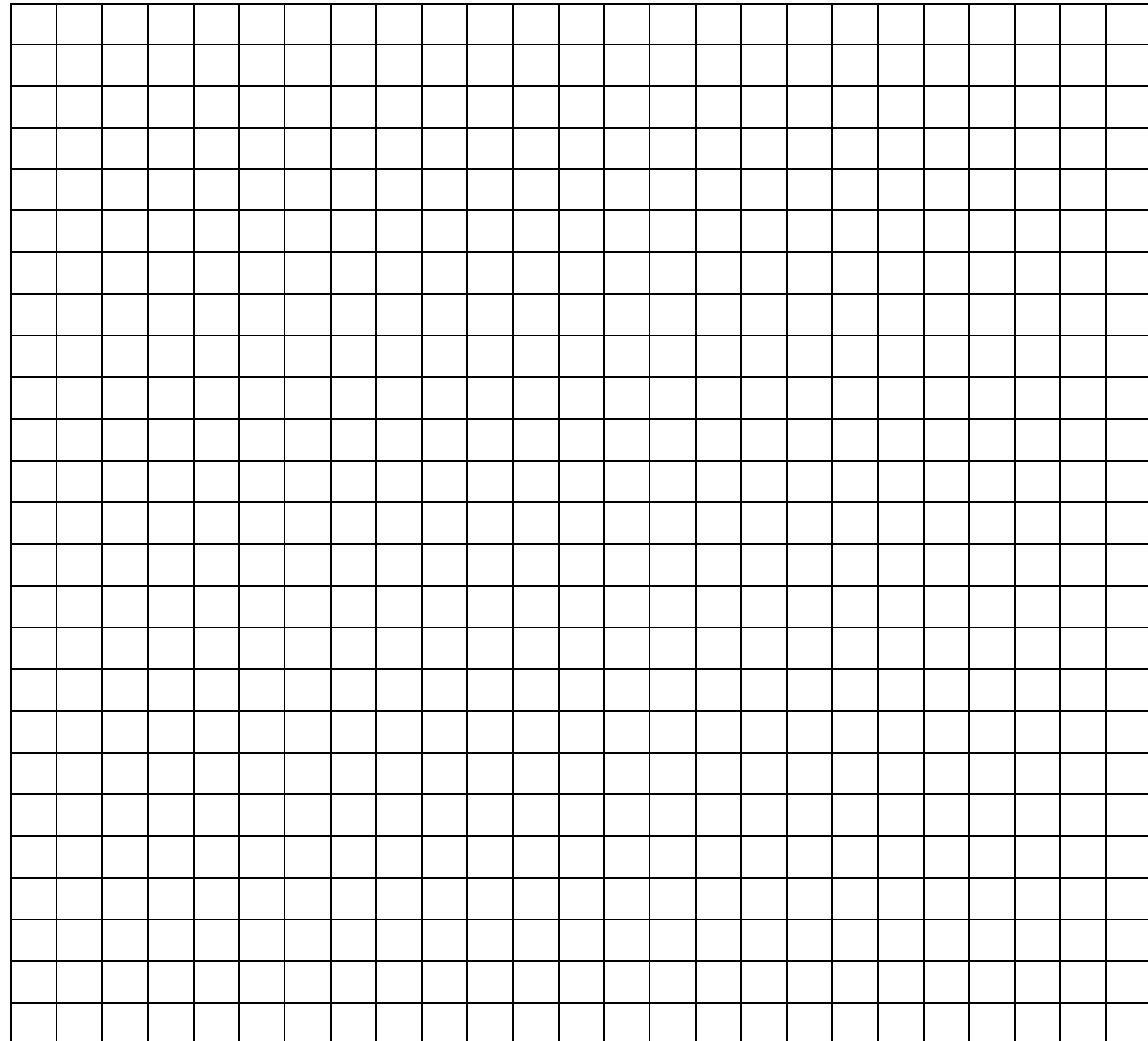
-Desired Length? _____

-Will it run **perpendicular** or **parallel** to the joists? _____

3. All Access

Desired Dimensions? _____

4. Gantry System



Room Dimension? _____ Scale: _____

Please Draw the Following:

1. Direction of Ceiling Structures

2. Prep Tables—Do they move? **YES** or **NO**

3. Where you'll park caskets or cots

4. Distance between prep table and caskets/cots

5. Doors

6. Cabinets

7. Light fixtures

SCAN AND EMAIL TO INFO@MORTUARYLIFT.COM