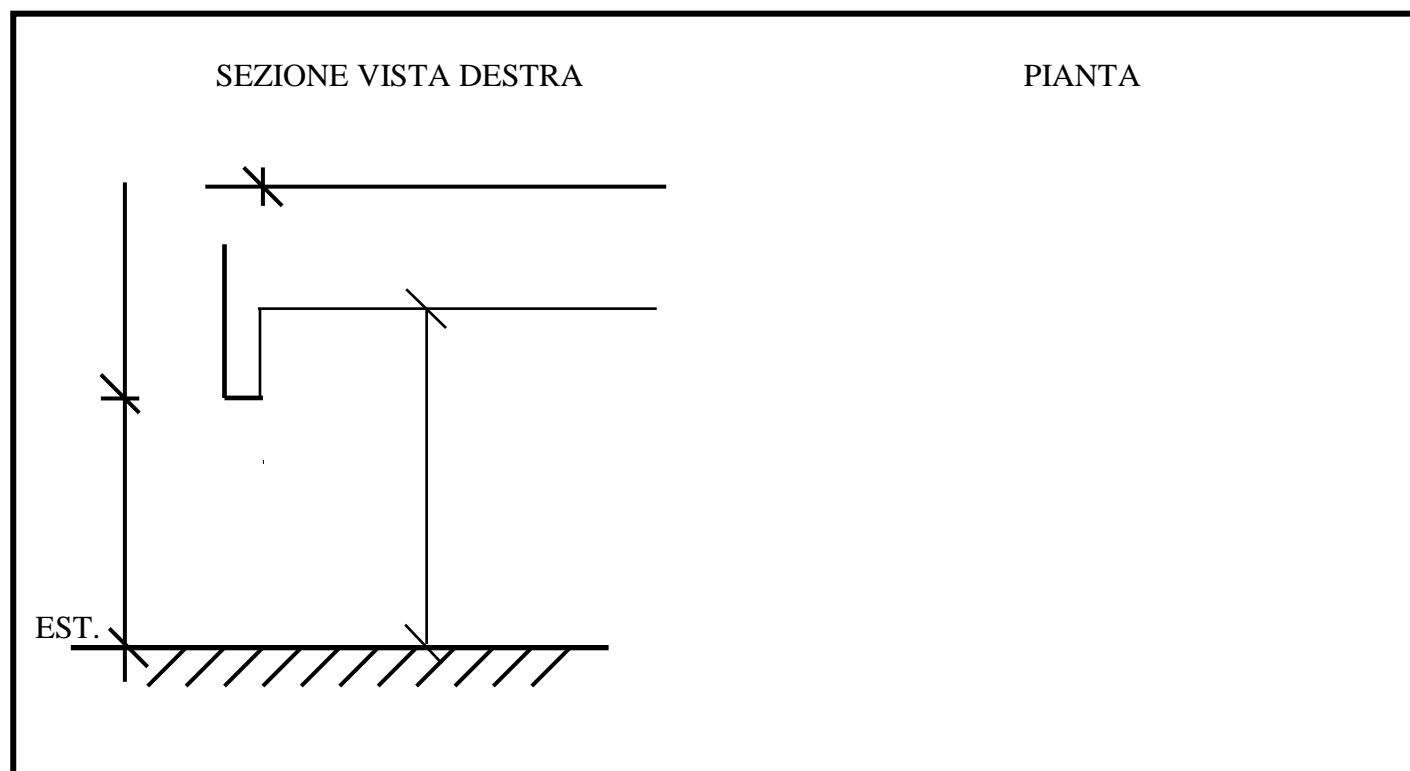
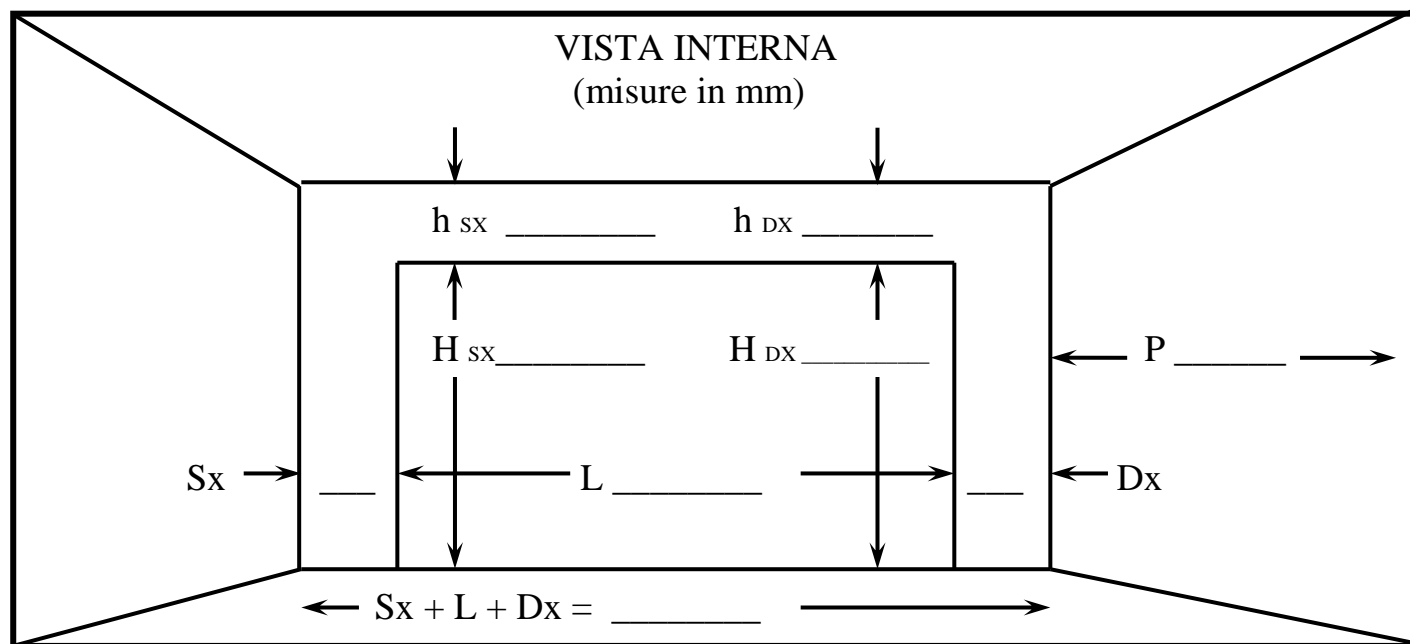


# RILIEVO MISURE PORTONE

Cliente: \_\_\_\_\_

Data: \_\_\_\_\_ Luogo: \_\_\_\_\_ Tel. \_\_\_\_\_

Tip. Portone \_\_\_\_\_ Colore \_\_\_\_\_



- |  | SI                       | NO                       |
|--|--------------------------|--------------------------|
| • Ci sono ostacoli sul soffitto? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| • Le pareti laterali rientrano? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Altro? .....                         | <input type="checkbox"/> | <input type="checkbox"/> |