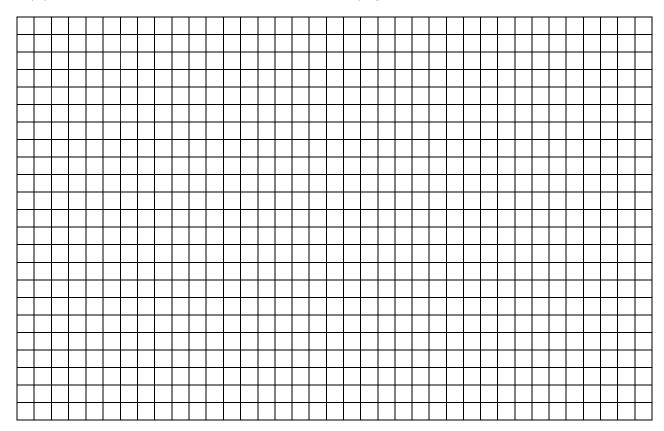
YOUR INFORMATION WILL NEVER BE SHARED.

Date		

						Analysis Form
Sound C	EVEN LEIN Control Room,	Inc. Name:	·*************************************			******
	UMMINGS CO		-			
	HAPI, CA 935		•			
	:: 818-788-12 ONTROLROOM.(City	:	9	State:	Zip:
		Phone	: _()		
		Fax	: <u>(</u>)		
		Email	****************			
		•	************	* ONLY ONE F	ROOM PER SH	HEET ***********************************
Room Dim	ensions:					
		Le	ength:	Width:	NG: # N: #)	Heigh t:
					g. "ft" – "in")	
Jse of R	oom:					
			(Check a	ll that apply)		
Service:	☐ Consulta	tion 🗆 Cu	stom Products	\square Installation		Other:
	☐ Previous	Client	sign	☐ Internet Order	r	
				urface Types:		
		Gypsum Board	C) Plaster	,		G) Concrete
Valls:	B) Brick		D) Unfinished	F) Other:		(Block or Poured)
	FR. 1	Back. 2	LT. 3	RT. 4 V	Vall 5	Wall 6
Ceiling:	☐ Drywall☐ Other:	/ Gypsum Board	☐ Exposed Joists	☐ Drop Tile Ce ("T" bar, "gı	-	☐ Metal Deck/Trusses
Floor:	☐ Carpet	☐ Hardwood	☐ Concrete	☐ Vinyl/Tile	e 🗆 Unfin	ished Sub Floor
	□ Other: _					
Anything 6	else you car	ı tell us about your si	tuation:			
You Foun us:	ia	revious Client	nt: (i.e. Magazine :	e)		□ Other:

	Name:Room Title:
STEVEN Sound Control Room, Inc. 29950 CUMMINGS COURT	Any further information you would like to add:
TEHACHAPI, CA 93561	
PHONE: 818-788-1238	
SOUNDCONTROLROOM.COM	
	-

To draw your room, print this graph. Fax back to: 818-788-1442. Returning the form is easy, simply click the submit button at the bottom of this page.



PRIVACY POLICY: YOUR INFORMATION WILL NEVER BE SHARED.