

# Self Measure - Self Install: Blind Measurement Form



Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

1C Lady Ruby Drive  
East Tamaki, Auckland 2013

T: (09) 274 9313 / 0508 BLINDS

E: sales@mrblinds.co.nz

[www.mrblinds.co.nz](http://www.mrblinds.co.nz)

[www.facebook.com/mrblindsnz](https://www.facebook.com/mrblindsnz)

Blind Num.	Location	Blind Type	Fit (Inside or Outside)	Window Width (mm)	Window Drop (mm)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

## How to Fill in this Quote Request Form

- Please complete all fields above
- Room / Location:** enter the room or location of the blind on the form as a reference for you.
- Blind Type:** enter the blind type (or code) from one of the following:
 

<b>Blind Type</b>	<b>Code</b>
Blockout Roller Blind	BO
Thermal Roller Blind	TH
Sunscreen Roller Blind	SS
Wooden Venetian Blind	WV
Synthetic Wood Venetian Blind	SV
25mm Aluminium Venetian Blind	AV25
Vertical Blind	VB
- Window Width:** width of the window to the nearest millimetre (see below for further details on measuring)
- Window Drop:** drop or height of the window to the nearest millimetre (see below for further details on measuring)
- Fit:** enter if the blind will fit inside the window frame or outside the window frame (see below for further details on fit).
- Completed Form:** once you have completed this form scan or take a photo of the form and email it to [sales@mrblinds.co.nz](mailto:sales@mrblinds.co.nz). We will send you a quote as soon as possible.