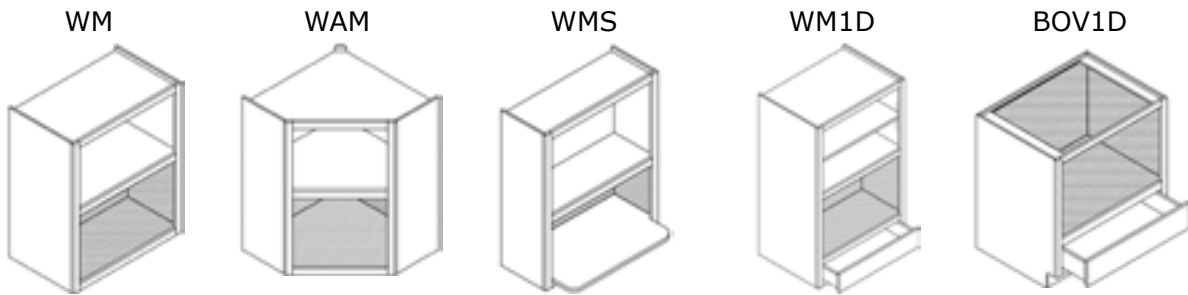




| | |
|---|--------------------|
| Date: | Dealer: |
| Item #: | Job Name: |
| Appliance Make: | Appliance Model #: |
| Microwave Cabinet Specification Form | |

Please select a configuration:

If "Not Listed" is selected, please attach a detailed drawing.



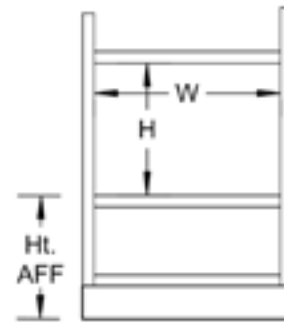
Please provide dimensions: (width x height)

Cut Out:

-Width:

-Height:

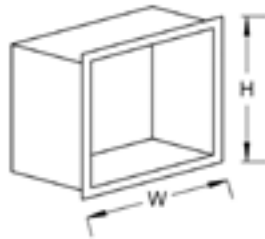
-Height above finished floor (if applicable):



Trim:

-Width:

-Height:



Overall Appliance Dimensions:

-Width:

-Height:

-Depth:

Appliance Trim Overlap/Covers:

-Top: -Left:

-Bottom: -Right:



Flush Inset Installation:

Cabinet Opening:

-Width:

-Height:

Cleat Details:

-Width of Cleats:

-Top:

-Bottom:

-Left:

-Right:

Flush Inset Cut-Out:

-Width:

-Height:

-Setback Distance of Cleats:

Please include manufacturer specs for Flush Inset applications, if not available, all fields must be completed.

Overlay Frame?

- Yes
- No

Interior finish of appliance area?

- Natural:
- Matching: