Urban Closet Systems Custom Design Fax Form
Please print, fill out then fax back to us at 1.877.716.1493

PLEASE PRINT CLEARLY AND USE ONLY BLUE OR BLACK INK

Name: _____ Phone:_____

Address: _____ City: _____ State: ____ Zip:_____

Please draw an overhead view of your closet below. Please be sure to include all of your wall measurements, without baseboards. Measure windows, doors with molding and wall locations, door swing types and any other objects.

Hanging Width: Long: _____Inches Half: _____Inches Short: _____Inches Double Hang: _____Iinches

Drawers? 5" High Qty ____ 6" High Qty ____ 7-1/2" High Qty ____ 8-3/4" High Qty ____ 10" High Qty____

Hardware Finish: (circle) Chrome Oil Rubbed Bronze Matt Nickel

Accessories: Qty Valet Pole ____ Tie Racks ____ Belt Rack ____ Pants Rack ____

Wire Baskets? 7" High Qty_____ 11"High Qty_____ 17"HighQty_____

Special Instructions:_____

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_____Thank You!