

**REQUEST FOR SUBMITTALS (RFS)**



1551 Mt. Rose Avenue  
York, PA 17403  
717 849 8100

CHECK HERE IF NONE REQUIRED

**PROJECT NAME:**

**PROJECT NUMBER:**

Requested By:

Date:

Customer:

GAP Rep.:

Ship to Address:

Customer Email Address:

Customer Telephone:

**Product:**

| Series | Style | AAMA Rating | Product Data/Details (Yes/No) | Test Reports (Yes/No) | Qty. |
|--------|-------|-------------|-------------------------------|-----------------------|------|
|        |       |             |                               |                       |      |
|        |       |             |                               |                       |      |
|        |       |             |                               |                       |      |
|        |       |             |                               |                       |      |
|        |       |             |                               |                       |      |

Other Requirements:

**Glazing, Panels and Louvers:**

| Glass Type | Exterior Lite | Interior Lite | Air Space | Performance Data (Yes/No) | Qty. |
|------------|---------------|---------------|-----------|---------------------------|------|
| GL-1       |               |               |           |                           |      |
| GL-2       |               |               |           |                           |      |
| GL-3       |               |               |           |                           |      |
| GL-4       |               |               |           |                           |      |

Other Requirements (Include panel or louver info if applicable):

**Finish:**

| Finish Type | AAMA Desig.: I.E. 2603, 2604,2605, 611 | Color Description. | Color Chart (Yes/No) | Samples (Yes/No) | UC# | Qty. |
|-------------|--|--------------------|----------------------|------------------|-----|------|
| F-1         |  |                    |                      |                  |     |      |
| F-2         |  |                    |                      |                  |     |      |
| F-3         |  |                    |                      |                  |     |      |

Other Requirements:

**Miscellaneous Items:**

| ITEM                 | ITEM DESCRIPTION | QTY. |
|----------------------|------------------|------|
| Sample Warranty      |                  |      |
| Venetian Blind Chrt. |                  |      |
| Hardware A           |                  |      |
| Hardware B           |                  |      |
| Hardware C           |                  |      |

LEEDS Requirements: (Yes / No)

Describe what is needed: