

Custom Lift Products

PLANNING SHEET

TECHNICAL INFO

Planning sheet submission required with your order or request for quotation. Please mark appropriate response to each item.

Date: _____ Dealer Name: _____

Contact Name: _____

Contact phone and e-mail: _____

Project Name: _____

Product to be moved: _____

Model Number: _____

Mount Being Used: _____

Product Dimensions and Weight: _____

Travel Distance to Viewing Position of Product: _____

Functions

TV Lift: (Check all that apply) Lift Up Pullout Drop Down Swing Down Swivel/Pivot Degrees: _____ Tilt Degrees: _____
Panel/Picture: (Check all that apply) Vertical Horizontal Bi-Parting ([Left/Right] [Up/Down]) Tilt Degrees: _____
Camera Lift: (Check all that apply) Lift Up Drop Down Pullout/Pivot Degrees: _____ Tilt Degrees: _____

Mechanism Model#: _____

Height Constraints: _____

Interior Dimensions of Enclosure: _____

Swivel Direction & Degrees: _____

Spatial Limitations: _____

Mount Being Used: _____

Include current sensor where appropriate.

Select Voltage: 110V 220V

Type of Controls: RF Remote IR Remote Touch Pad RS232

Comments: _____



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PROJECT: _____

ARCHITECT: _____

CONTRACTOR: _____

SUPPLIER: _____

DATE: _____ REVISED: _____