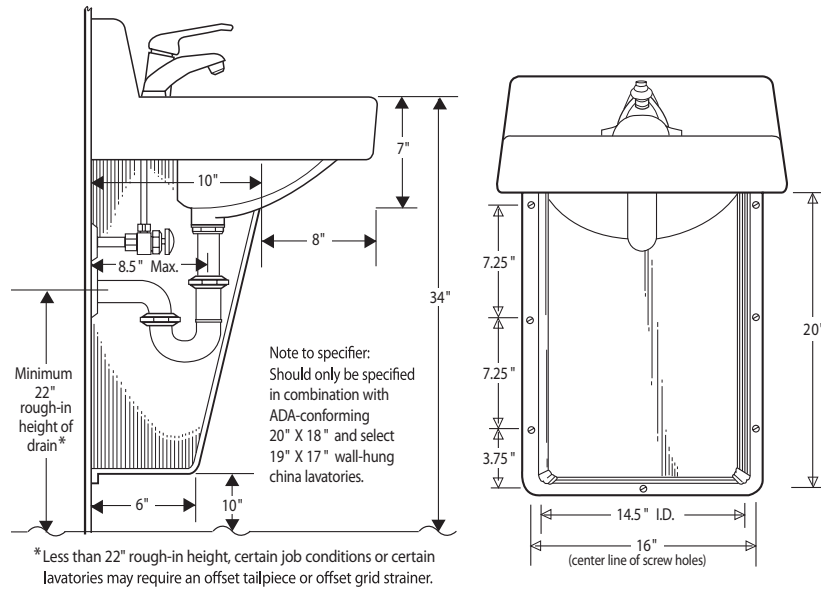


FACILITY:	CLIENT:	SALES ORDER:	ORG. REV. DATE: Jan 00/00	REVISION: A	REV. DATE: Aug 18/08	This drawing is the exclusive property of Weizel Security. No use whatsoever of the information contained herein for production in whole or in part may be made without our expressed written permission. This drawing remains the property of Weizel Security and must be returned on demand.
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ORDER DETAILS:		
ITEM	x FIE	x PRE
831-S27-TOR		
TOTAL QUANTITY:		
Fastening	Type:	
TOR - Torx w/pin	FIE - Field Cut	PRE - Factory Precut

ORDER MANAGEMENT
Weizel Security Submittal sent by:
NAME: _____ DATE: _____
Production of your order awaits your review and approval. Forward approval to fax 1-604-540-5263 or email OrderDesk@SecuringHospitals.com
ORDER AUTHORIZATION
This submittal has been reviewed and approved; I hereby authorize Weizel Security to proceed with the order.
NAME: _____ DATE: _____
SIGNATURE: _____
831-S27 - SafeSupport® Undersink Enclosure