



## TV Height Confirmation Form

Client Name: \_\_\_\_\_

Contract Number (If applicable): \_\_\_\_\_

One-Touch Automation Representative: \_\_\_\_\_

Room: \_\_\_\_\_

Height Desired to bottom of TV: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Room: \_\_\_\_\_

Height Desired to bottom of TV: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Room: \_\_\_\_\_

Height Desired to bottom of TV: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Room: \_\_\_\_\_

Height Desired to bottom of TV: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Room: \_\_\_\_\_

Height Desired to bottom of TV: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Room: \_\_\_\_\_

Height Desired to bottom of TV: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Room: \_\_\_\_\_

Height Desired to bottom of TV: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Room: \_\_\_\_\_

Height Desired to bottom of TV: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Room: \_\_\_\_\_

Height Desired to bottom of TV: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_