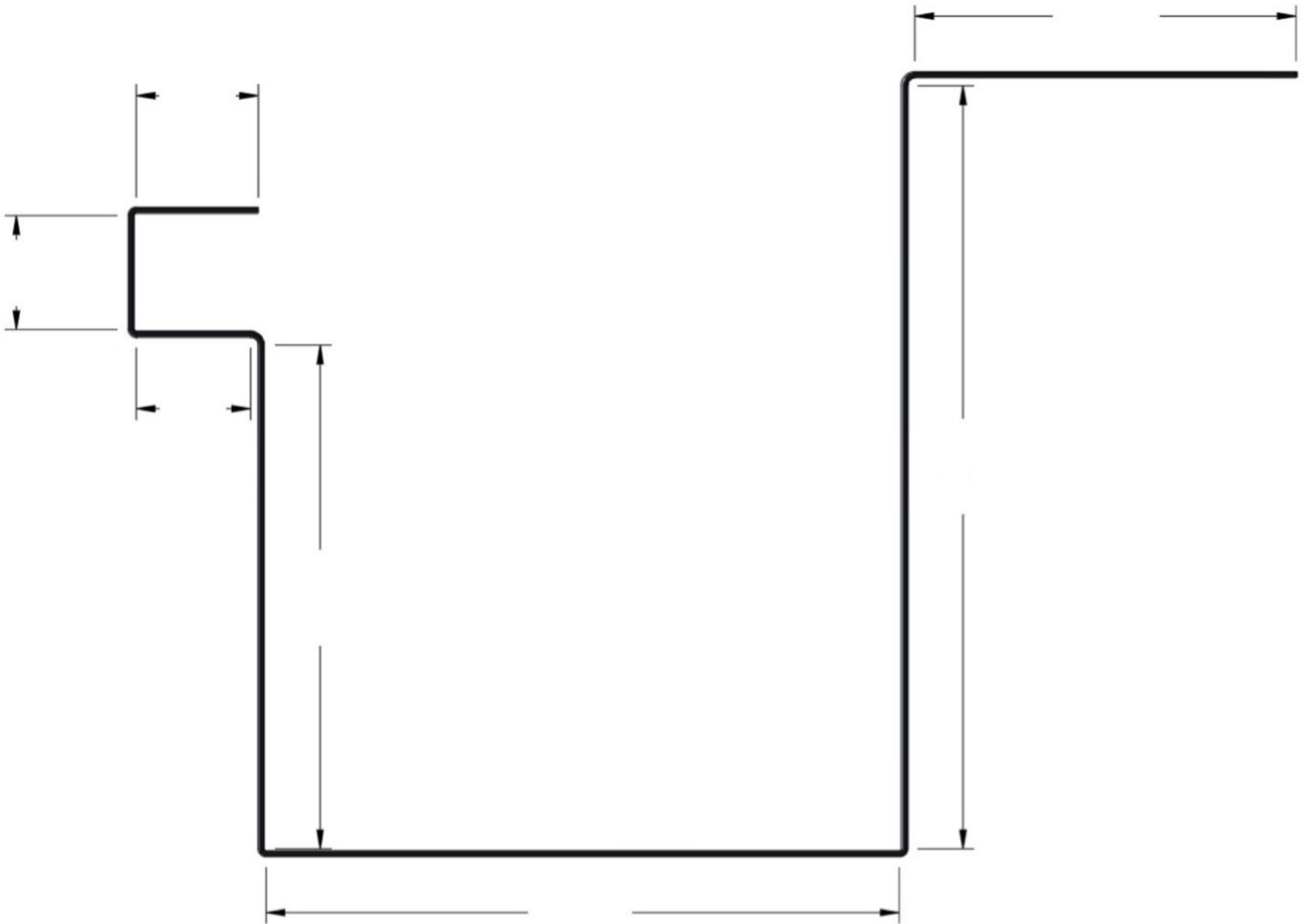




Box Gutter Style B



Customer: _____

Job Name: _____

Linear Feet: _____

Material/Gauge: _____

Color: _____

L/R End Caps: _____

Splice Plate Y/N: _____