

Wellington Curtain Bank

Measurement Form		
First Name:	Middle Name:	Surname:
Address:		
Phone:	Mobile:	Email:
<p><i>The Curtain Bank provides free curtains to Community Services Card holders. Curtains help reduce heat loss through windows in the winter and increase privacy.</i></p>		

Please circle:

Own home	Rental	Housing NZ	WCC Flat
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Curtain Bank Client:

I confirm that I hold a Community Services Card. I give permission for the Wellington Curtain bank to check my curtains if required to ensure they are properly in place. I will be contacted prior to any visit.

Signature: _____ Date: _____

Referral Agency:

I confirm that _____ is eligible for curtains from the Wellington Curtain Bank.

Referral Agency: _____ Signature: _____

Doctors Note attached for additional curtains:

IMPORTANT: Clients need to *make an appointment at the Curtain Bank BEFORE* collecting their curtains: 04 389 3400 x705



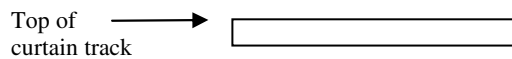
Before coming to the Curtain Bank you will need to measure your windows exactly and obtain a voucher from one of our referral agencies. **The Curtain Bank provides curtains for the main living room of the house only** (Not bedrooms, bathrooms, etc.)

Family/Whanau with serious health issues aggravated by the cold will be considered for additional curtains if a doctors note is provided.

WINDOW MEASUREMENT (cm)

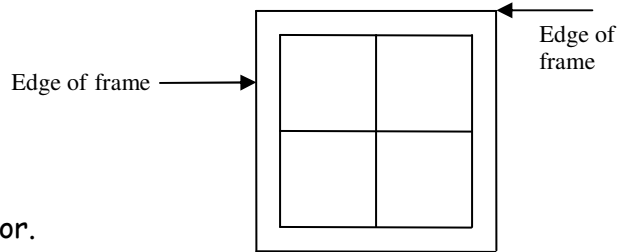
← Width →

Measure the width of your window from the outside edges of the window frame.



↓ Length Drop ↓

Measure from the top of the curtain track to the bottom of the window frame.
Also measure from the top of track to the floor.



*If you don't have a curtain track, measure from the top of the window frame and please make note that this is what has been done.

Room	Main living room		
Window Width (cm)			
Window Drop (cm)	<input type="checkbox"/> From track <input type="checkbox"/> From frame		
Window Drop to floor	<input type="checkbox"/> From track <input type="checkbox"/> From frame		
Needs curtain tracks	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Office Use Only:	Date Received:	Voucher No:
		Work Order No:
# of curtains:	Follow up call:	
Data Entered:	Comments:	

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