

Lighting Layout Request Form



CUSTOMER INFORMATION

Date: _____ Project Manager: _____
 Customer Name: _____
 Customer Address: _____
 City, State, Zip: _____
 Cust Phone: _____ Cust Email: _____
 Requested Completion Date: _____

LOCATION INFORMATION

Project Name: _____
 Project Address: _____
 Project Description: _____
 Est. Proj. Award Date: _____
 Rebate Program?: Yes: No:

LOCATION DEF.

Site Voltage?: _____
 Mounting Height: _____

	Length:	
	Width:	
	Ceiling Height:	
	Length:	
	Mounting Height is floor to bottom of fixture	
	Peak Height:	
	Base Height:	
	Sloped Ceiling:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

FORMAT

AutoCAD File (Customer Provided) Yes: No:
 PDF of AutoCAD (Customer Provided) Yes: No:

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Sketch (Customer Provided) Yes: No:

Plot Report to Scale (provide scale) Yes: No:

Report Format (.dxf/.dwg) _____ Yes: No:

Please note that providing .dwg or .dxf files will allow us to provide you the fastest turn-around time.

Layout Type Needed (Check One)* Indoor: Outdoor:

Measurements In (Check One)* Feet: Meter:

Light Values In (Check One)* FC: Lux:

Work Plane Height* _____

Requested Light Levels* _____

To obtain optimum design and avoid delays, please provide as much information as possible.

Signature: _____

