



9201 Washington Avenue
Racine, WI 53406-3772
Phone: (800) 236-7000

Please keep this original form and use it to make copies.

Application Request FAX (800) 236-7500

Request date: _____

Date recommendation needed* (Please allow a minimum of three business days.): _____

Transmitting _____ pages including this page.

INDOOR Lighting Project

COMPANY INFORMATION

- Contact Name: _____
- Company Name: _____
- Mailing Address: _____
- City: _____ State: _____ Zip: _____
- Phone #: () _____
- Customer Account Number: _____
- Fax #: () _____
- E-mail Address: _____

PROJECT INFORMATION

- Project name/reference: _____
- Project address (street address if known): _____
- City: _____ County: _____ State: _____ Zip: _____
- Project Type: New Retrofit 2-Level Lighting Modular Wiring
- Voltage utilized: 120 208 240 277 480
- Mounting type: Hinged Splice Box Hook, Cord & Plug
- Direct Mount Wall Mount Recessed

PROJECT CRITERIA *(all information listed below is required for a recommendation)*

- Room dimensions: L _____ W _____ H _____
- Bottom of fixture height: _____
- Work Plane height: _____ (typically 30")
- Type of activity in the area: _____
- Desired light level (maintained footcandles) _____
- Fixture preference, if any: _____
- Lamp type: Pulse Start Metal Halide Metal Halide High Pressure Sodium
- Fluorescent Incandescent
- List or attach any local codes/restrictions: _____

	Color	Material
• Ceiling	_____	_____
• Walls	_____	_____

Attach plan with this fax cover sheet.

* Average turnaround time is 3 days. If you require more immediate attention, we will make every attempt to meet your deadline. All we ask is that you please provide a specific date and time that you require your information by.