



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.

OUTDOOR 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
- Voltage utilized: 120 208 240 277 480

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

- Pole information if ordering new:
 - Maximum Pole Height (if any): 10' 15' 20' 25' 30' other: _____
 - Material desired: Steel Aluminum Other: _____ Shape: Square Round Tapered
- Pole information if re-using existing:
 - Diameter/size: _____ (specify I.D. or O.D.) Pole height: _____ Material: _____ Shape: _____
- Type of activity in the area: _____ Desired light level (maintained footcandles): _____
- Full cutoff fixture required: Yes No
- Lamp type: Pulse Start Metal Halide Metal Halide High Pressure Sodium
 Fluorescent Incandescent
- List or attach any local codes/restrictions (e.g. spill light, maximum luminaire height, etc.): _____

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.