

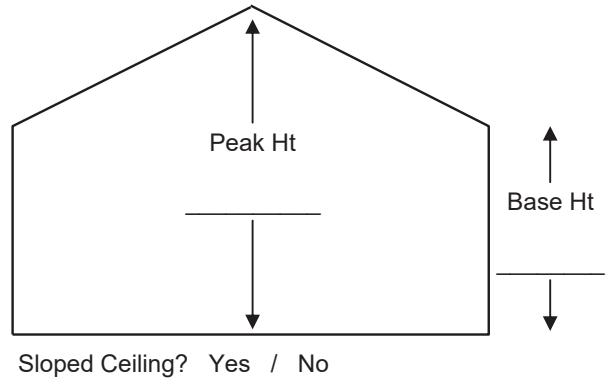
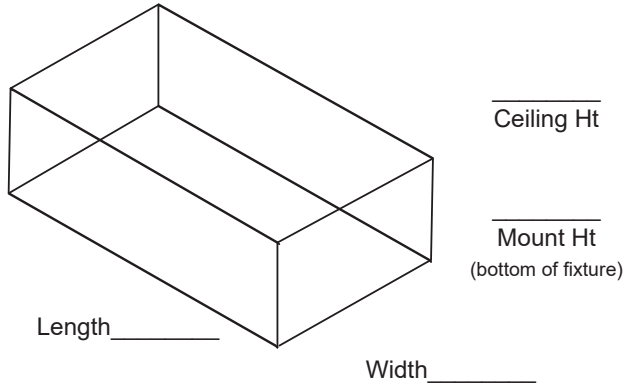
## Lighting Layout Request Form

Date: \_\_\_\_\_

Customer: \_\_\_\_\_

Project: \_\_\_\_\_

### Area Information



### Existing Fixture Information

Manufacturer \_\_\_\_\_

Fixture Style \_\_\_\_\_

# of Fixtures \_\_\_\_\_

# of Rows/Cols \_\_\_\_\_ / \_\_\_\_\_

Row Spacing \_\_\_\_\_ ft

Column Spacing \_\_\_\_\_ ft

Hours of Operation

Hrs/Day	Days/Wk	Wks/Yr

Hydro Rate \$ \_\_\_\_\_ /kWh

Wattage \_\_\_\_\_

Voltage \_\_\_\_\_

Light Levels \_\_\_\_\_ Foot Candles/Lux.

Room Temperature \_\_\_\_\_

Lamp Type \_\_\_\_\_

Suspension Length \_\_\_\_\_

Reflectances	Ceiling	Wall	Floor
Commercial	80%	50%	20%
Light Industrial	50%	30%	10%
Heavy Industrial	0%	30%	10%

Please circle one

### Replacement Fixture Information

Fixture Style \_\_\_\_\_

# of Fixtures \_\_\_\_\_

Use Existing Spacing Yes / No

Light Levels \_\_\_\_\_ Foot Candles/Lux.

Wattage \_\_\_\_\_

Voltage \_\_\_\_\_

Use Reverse for Notes, Drawings, Etc.