

## LIGHTING LAYOUT REQUEST FORM

PROJECT DETAILS				
1. PROJECT NAME				
2. PROJECT LOCATION & ADDRESS	STREET			
	CITY	STATE	ZIP	
3. YOUR NAME:				
4. YOUR CONTACT INFO	ORMATION:			
5. TIMELINE FOR COMPLETION:				
PROJECT SCOPE				
6. TYPE OF SPACE RESIDENTIAL	COMMERCIAL	INDUSTRIAL	OUTDOOR	INDOOR
FIELD				
TECHNICAL REQUIF	REMENTS			
7. DESIRED WATTAGE	FC REQUIREMENTS			
8. MOUNTING HEIGHT	POLE HEIGHT (If Applicable)			
9. MOUNTING TYPE				
CEILING MOUNTED	WALL MOUNTED	) PENDAN	T MOUNTED	FLOOR MOUNTED
OTHER (please speci	fy)			
SPACE DETAILS				
11. FOOT CANDLE REQUIREMENTS				
12. DESIRED WATTAGE				
DESIRED FIXTURES				
ADDITIONAL INFORMA	TION			

## PLEASE ATTACH ANY DRAWINGS, SKETCHES OR PHOTOGRAPHS

## Please Include

- Ceiling heights
- Fixtures are clearly indicated
- Dimensions
- If outdoor, include building heights and property line

E-Mail Request to: <a href="mailto:layouts@envisionledlighting.com">layouts@envisionledlighting.com</a>