



8312 N.Saulray St. - Tampa, FL 33604 / Ph:813-931-8423 - Fax:813-932-7879

Request for Applications Support Services

Requested By: _____

Phone / Fax / Email Address: _____

Job Name/Description: _____

Indoor Project Details:

Room Length: _____ Width: _____ Floor to Ceiling Ht.: _____

Work Plane Height: _____ Mtg. Ht. To Bottom of Fixture: _____

Reflectances: Ceiling: _____ Wall: _____ Floor: _____ (Typically 80/50/20)

Preferred Fixture: _____ Lamp Type/ Wattage: _____ (T8,T5,T5HO, etc)

Desired Average fc: _____ Maintained Initial

Uniformity Ratio (Avg/Min) Criteria: _____

Task/Activity Performed: _____

Outdoor Project Details:

Areas to be Illuminated Must be Clearly Marked or Noted.

Desired Average Fc: _____ Maintained Initial

Uniformity Ratio (Avg/Min) Criteria: _____

Minimum Fc at Any Point: _____

Preferred Fixture: _____ Lamp Type: _____ (MH,HPS, CFL/PL,IND)

Estimate of Fixture Quantity (If Applicable): _____ Fixture Mounting Ht.: _____

Fixtures per Pole: _____ Pole Height: (with base) _____

Building Height: _____

Are pole locations fixed or can they be moved for optimal distribution? _____

Are there any special local ordinance requirements or restrictions? _____

Note: If Autocad drawings supplied, please send as Autocad2000 version
Please provide drawings in *.dxf or *.dwg format on disk or by Email when available
If drawings/sketches are provided they must be to scale or have proper dimensions

Notes:

