



LIGHTING LAYOUT DESIGN REQUEST FORM

Project Name (required)	
Project Type / Location (required)	
Representative Name (required)	
Representative Contacts (required)	
Your Email (required)	
Your Phone (required)	
Required Design date by (mm/dd/yy):	
Please provide the following information:	
• CAD file (DWG) file:	
• Drawing of space with dimensions (LxWxH)	
Upload your .ZIP(compress) File	
Enter Dimensions (LxWxH) dimensions in FT	
REQUIRED AVERAGE LIGHT LEVEL (Eavg) in FC:(required)	
REQUIRED UNIFORMITY (Min/Max):(required)	
WORKING PLANE LEVEL AFF (FT):(required)	
LUMINAIRE MOUNTING HEIGHT (FT):(required)	
ROOM SURFACE REFLECTANCES (required)	
LIGHT LOSS FACTOR:(required)	
SELECTED FIXTURES:	
NOTES:	