

ALC COMMISSIONING FORM

Customer Name*

First Name

Last Name

Email

Jobsite Name*

Jobsite Install Completion Date*

Email

Job-site Business Hours*

PO#*

Form Filled on

Telephone

Jobsite Address*

Jobsite Contact No.*

SO#

SCOPE OF WORK

Sensor SKU Numbers

Sensor Quantities

Fixture SKU Numbers

Fixture Quantities

Timer or photocell installed on outdoor fixtures

Provide Facility Layout:
(If yes, attach supporting documents)

PROGRAMMING REQUIREMENTS

1. High End Trim **Yes**

2. Bi Level Dimming

3. Multiple Zones

4. Time Clock

5. Remote Access

6. Scheduling

(If checked, additional material must be purchased. Please contact your sales rep.)

7. Other (Describe)

Additional Comments [include any known restrictions or issues during this scheduled time (areas not available, offices locked, lights not working, etc.)]