

ALC COMMISSIONING FORM

First Name Email Jobsite Name* Jobsite Address* Jobsite Linstall Completion Date* Jobsite Contact No.* Email Job-site Business Hours* PO#* SCOPE OF WORK Sensor SKU Numbers Fixture Quantities Fixture Quantities Fixture Quantities Timer or photocell installed on outdoor fixtures Provide Facility Layout: (If yes, attach supporting documents) PROGRAMMING REQUIREMENTS PROGRAMMING REQUIREMENTS 1. High End Trim 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.) Additional Comments [include any known restrictions or issues during this scheduled time (areas not available, offices locked, lights not working, etc.)]		Customer Name*	Form Filled on
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