

Customer Information

Company Name	Mailing Address	City	State	Zip Code
Contact Name	Contact Phone	Email Address		

Contractor Information

Company Name	Contact Name	Phone Number	Email Address

Project Information

Project Name	Street Address	City	State	Zip Code
Project Description		Project Type (new or retrofit)		

Space Specific Information

Space Name	Space Type (warehouse, office...)	Heating Fuel Type	Cooling (y/n)

Hours of Operation

Sun	Mon	Tue	Wed	Thur	Fri	Sat	Weeks per Year

Item	Existing Fixture Description	Quantity	Ballast Type	Lamp Watts	# of Lamps	Lamp Length
1						
2						
3						
4						
5						
6						
7						
8						
Corr Item #	Proposed Fixture Description	Quantity	Model Number	Lamp Watts	# of Lamps	Lamp Length
Corr Item #	Proposed Control Description	Quantity	Model Number	# Fixtures	% Reduction in Runtime	

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