

Lighting Layout Request Form

Date: _____

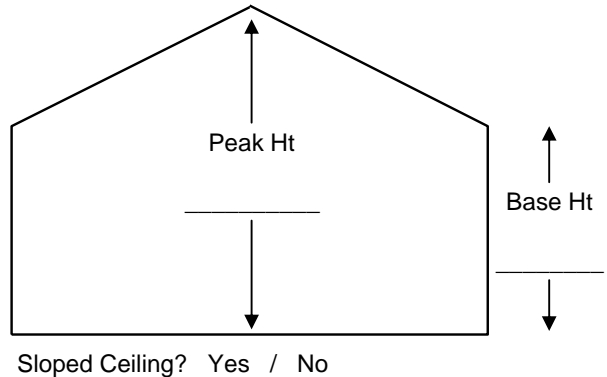
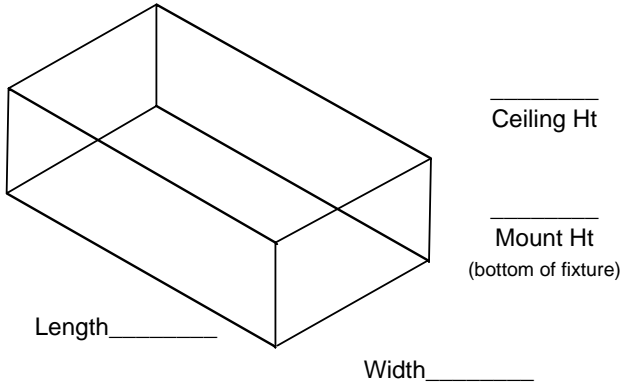
Customer: _____

Project: _____



WSC Lighting Systems
 4172 Raney Crescent
 London, Ontario
 N6L 1C3
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 Fax: 519.652.6425
 www.wscls.com
 wsc.layouts@wscls.com

Area Information



Existing Fixture Information

Manufacturer _____

Fixture Style _____

of Fixtures _____

of Rows/Cols _____ / _____

Row Spacing _____ ft

Column Spacing _____ ft

Hours of Operation

Hrs/Day	Days/Wk	Wks/Yr

Hydro Rate \$ _____ /kWh

Wattage _____

Voltage _____

Light Levels _____ Foot Candles/Lux.

Room Temperature _____

Lamp Type _____

Suspension Length _____

Reflectances	Ceiling	Wall	Floor
Commercial	80%	50%	30%
Light Industrial	50%	30%	10%
Heavy Industrial	0%	30%	10%

Please circle one

Replacement Fixture Information

Fixture Style _____

of Fixtures _____

Use Existing Spacing Yes / No

Light Levels _____ Foot Candles/Lux.

Wattage _____

Voltage _____

Use Reverse for Notes, Drawings, Etc.