

Lighting Layout Request Form

Date: _____

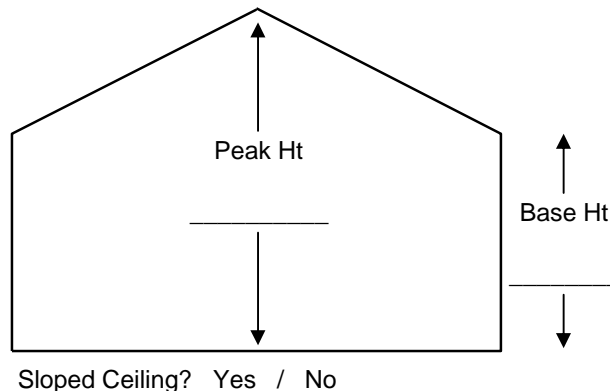
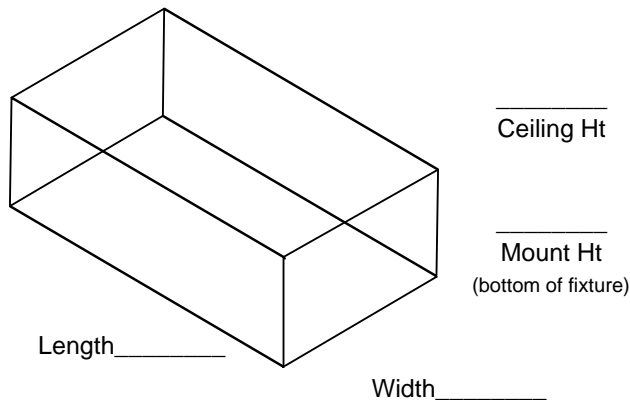
Customer: _____

Project: _____



W.S.C. Lighting Systems
 4172 Raney Crescent
 London, Ontario
 N6L 1C3
 519.652.9060
 Fax: 519.652.6425
 www.wscls.com
 lightinglayouts@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	Wall	Ceiling	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.