



PROJECT QUESTIONNAIRE

general/custom

Project Name: _____

Project Location: _____

Approximate Install Date: _____

Project Description: _____

Project Type: (Check One)

Commercial

Residential

Illuminator Preference: (Check One)

Metal Halide

Halogen

Dimming/Dousing Requirements: (Check One)

On/Off

Dimming/Dousing

Color Requirements: (Check One)

Warm White

Cool White

Continuous Color

DMX Controlled Color

Fiber Suggestions: _____

Fixture Suggestions _____

Sketches or Drawings (must be included on separate sheet or email file):

- Plan layout of application showing dimensions and all possible illuminator locations
- Section detail of application showing dimensions, fiber, fixtures and illuminator locations