



PROJECT QUESTIONNAIRE

DOWN LIGHTING

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

Foot-Candle Requirement: _____

Fixture Requirements: (Check One)

Adjustable Focus

Fixed Focus

(Check One)

Recessed Mount

Surface Mount

(Check One)

< 20° Beam

< 40° Beam

< 60° Beam

Fixture Recommendation: _____

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

- Plan layout showing dimensions and all possible illuminator locations
- Section or Elevation details (if required to convey the system intent)