



Engineering File #: (factory assigned) _____

Date Requested: _____

Requested Return Date: _____

POINT BY POINT REQUEST

Customer Information:

Company:	
Contact Name:	
Contact Phone#:	
Contact Fax#:	
Email Address to Return Point-by-Point Files:	
Job Name:	
Sales Rep Company Name:	
Sales Rep Contact:	

REFLECTANCE VALUES:

CEILING _____ (.80)
 WALL _____ (.50)
 FLOOR _____ (.20)

MOUNTING:

CEILING HEIGHT _____
 FIXTURE MTG. HT. _____
 TASK HEIGHT _____

FIXTURE TYPE:

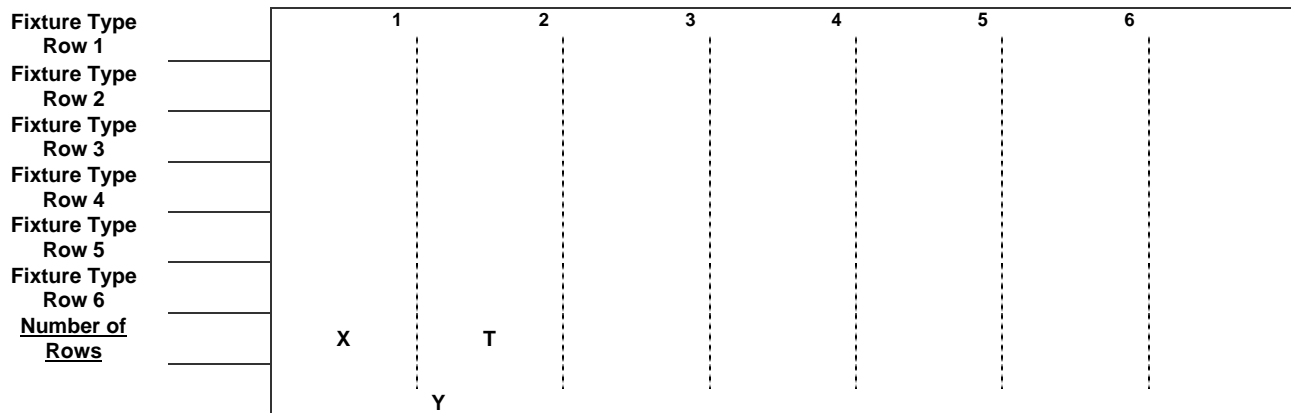
A. _____
 B. _____
 C. _____

TARGET F.C. (MAINT.) _____

ROOM DIMENSIONS (IF KNOWN OR ATTACH RELECTED CEILING PLANS):

LENGTH _____ WIDTH _____

OF FIXTURES PER ROW



X = DISTANCE FROM WALL TO FIRST ROW _____

Y = DISTANCE FROM END OF ROW TO WALL _____

T = DISTANCE BETWEEN ROWS _____

**Please enter all of the above information.
 Neglecting any portion of this form will delay your request until receipt of all above information.**