

IES File

Date _____
Rep Agency _____
Contact _____
Phone _____
Email _____
Job Name _____
Need by Date _____ Time _____

Requirements

_____ **Fixture** (Diffuser, Lens or Lens Color)
_____ **Light Source** (ie. MH100)
_____ **Distribution type** (i.e. T3, L3, HR3)
_____ **Optional optical systems or reflectors** (i.e. HSS-90, FDR)
_____ **Mounting Height**

Fax completed form to 281-997-5441