

Facility: _____

Industry: _____

Date: _____ Sq.Ft. _____

Address: _____

Contact: _____ Sales Rep: _____

City, State: _____ Zip _____

Phone: _____ Date Req'd _____

Utility: _____ Cnty _____

Fax: _____ Cust. Email: _____

Energy Acct.# _____ Rate: _____

Hrs: M-F _____ Sat _____ Sun _____

	Voltage	Fixt. Hgt	Fixt. Type/Before	Fixt.Type/After	Location	Hours	Current Watts	Retro Watts	Counts	Notes
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										

Total: _____