

# SPECIAL PROJECTS REQUEST FORM

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COMPANY NAME \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_  
CONTACT PHONE NUMBER \_\_\_\_\_  
PROJECT NAME \_\_\_\_\_  
PROJECT LOCATION \_\_\_\_\_  
BUDGET / BUDGET RANGE \_\_\_\_\_  
DESIRED DELIVERY DATE \_\_\_\_\_

Please complete this request form and send it by email to [helene@lambertetfils.com](mailto:helene@lambertetfils.com). We will contact you within 48 hours with an initial response to your request.

Please fill out as much of the questionnaire as possible. The more information we have on your project specifications, the more efficiently we can respond to your request.

Please include visual supports that show the desired customization. You can also use Appendix/Annex B to create a quick sketch.

For questions , please contact H el ene at:  
[helene@lambertetfils.com](mailto:helene@lambertetfils.com)  
1-514-394-0762, #3

FIXTURE TO BE CUSTOMIZED \_\_\_\_\_  
QUANTITY OF FIXTURES \_\_\_\_\_  
DIMENSIONS (see **APPENDIX A**) \_\_\_\_\_  
CEILING HEIGHT \_\_\_\_\_  
RECESSED ELECTRICAL BOX  SURFACE MOUNTED ELECTRICAL BOX   
INDIVIDUALLY SUSPENDED  CLUSTER FROM A CEILING PLATE   
NUMBER OF LIGHTBULBS \_\_\_\_\_  
INCANDESCENT BULBS  HALOGEN BULBS  LED BULBS

# APPENDIX A: MEASUREMENT GUIDELINES

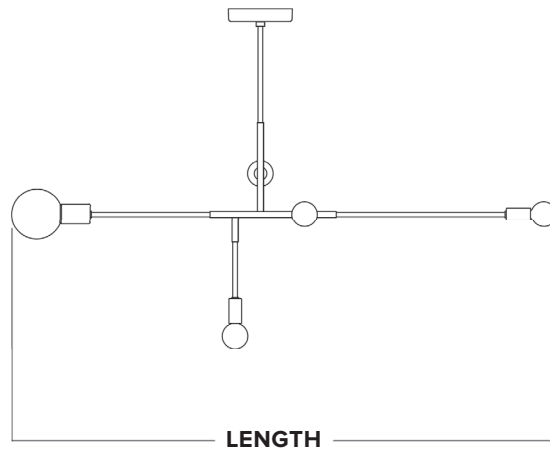
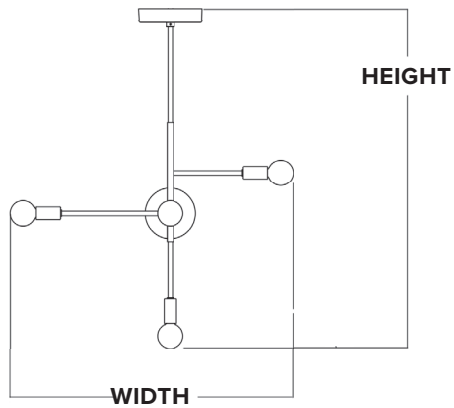
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LENGTH \_\_\_\_\_

WIDTH \_\_\_\_\_

HEIGHT (starting from the ceiling) \_\_\_\_\_

Please indicate the measurements for your fixture, *being sure to always include the lightbulbs in your measurements.*



## APPENDIX B

