

Projects Request Form

Company Name _____

Contact Name _____

Contact Phone Number _____

Project Name _____

Project Location _____

Budget / Budget Range _____

Desired Delivery Date _____

Fixture to be Customized _____

Quantity Of Fixtures _____

Dimensions (See Appendix A) _____

Desired Finish _____

Ceiling Height _____

Type Of Ceiling _____

Ceiling Constraints _____

- Recessed Electrical Box Surface Mounted Electrical Box
 Individually Suspended Cluster From A Ceiling Plate
 Electrical Box Already Installed Electrical Box Can Be Placed Based On Our Needs

Number Of Lightbulbs _____

- Halogen Bulbs Led Bulbs

Please complete this request form and send it by email to pascau@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 B to create a quick sketch.

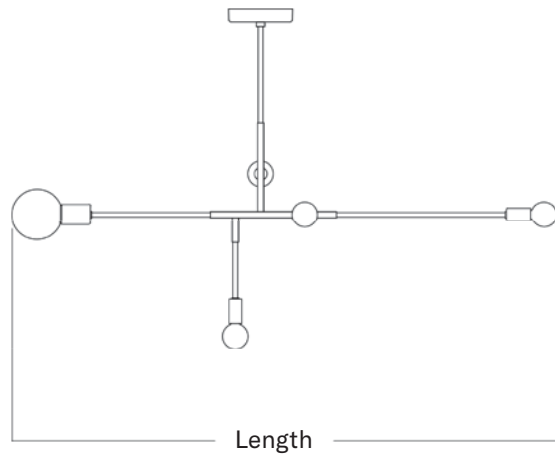
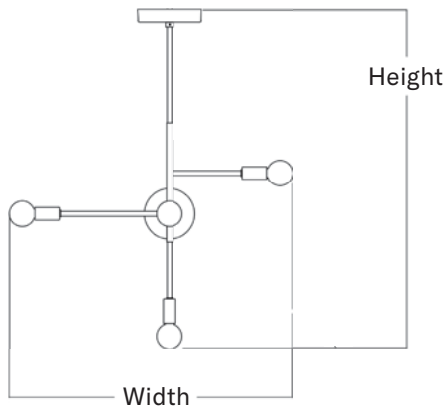
For questions, please contact Pascau: pascau@lambertetfils.com
514-394-0762, #204

Appendix A: Measurement Guidelines

Length _____
Width _____
Height (starting from the ceiling) _____

Please indicate the measurements for your fixture, including the lightbulbs.

EXAMPLE
FIXTURE



Appendix B