

Project Name:	CEE ID # (If Known):	Project Address:
Contact Name:	Contact Title:	
Phone:	Fax:	Email:

Project Costs	Labor:	Material:	Disposal/Recycling:	Misc. or Total Project Cost:
---------------	--------	-----------	---------------------	------------------------------

FOR INTERNAL USE ONLY		
Building Square Footage:	Business Type:	Is Lighting Required to be on 24/7 for Safety or Code: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Retrofit Area Heated? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, By What Method?	Is the Retrofit Area Cooled? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, By What Method?	

Area Name	Hours	# of Fixtures	Existing System			# of Fixtures	Proposed System					
			Lamps per Fixture	Watts per Lamp	Lamp Type/Shape		Lamps per Fixture	Watts per Lamp	Lamp Type/Shape	Series/Color	Ballast Factor	
			Notes				Notes					
			Notes				Notes					
			Notes				Notes					
			Notes				Notes					

Please return this completed form to the One Stop Lighting Program via fax at 612-335-5888 attn Jessica or by e-mail directly to your Lighting Auditor.

Area Name	Hours	# of Fixtures	Existing System			# of Fixtures	Proposed System				
			Lamps per Fixture	Watts per Lamp	Lamp Type/Shape		Lamps per Fixture	Watts per Lamp	Lamp Type/Shape	Series/Color	Ballast Factor
			Lamps per Fixture	Watts per Lamp	Lamp Type/Shape		Lamps per Fixture	Watts per Lamp	Lamp Type/Shape	Series/Color	Ballast Factor
			Notes				Notes				
			Lamps per Fixture	Watts per Lamp	Lamp Type/Shape		Lamps per Fixture	Watts per Lamp	Lamp Type/Shape	Series/Color	Ballast Factor
			Notes				Notes				
			Lamps per Fixture	Watts per Lamp	Lamp Type/Shape		Lamps per Fixture	Watts per Lamp	Lamp Type/Shape	Series/Color	Ballast Factor
			Notes				Notes				
			Lamps per Fixture	Watts per Lamp	Lamp Type/Shape		Lamps per Fixture	Watts per Lamp	Lamp Type/Shape	Series/Color	Ballast Factor
			Notes				Notes				
			Lamps per Fixture	Watts per Lamp	Lamp Type/Shape		Lamps per Fixture	Watts per Lamp	Lamp Type/Shape	Series/Color	Ballast Factor
			Notes				Notes				
			Lamps per Fixture	Watts per Lamp	Lamp Type/Shape		Lamps per Fixture	Watts per Lamp	Lamp Type/Shape	Series/Color	Ballast Factor
			Notes				Notes				
			Lamps per Fixture	Watts per Lamp	Lamp Type		Lamps per Fixture	Watts per Lamp	Lamp Type	Series/Color	Ballast Factor
			Notes				Notes				

Please return this completed form to the One Stop Lighting Program via fax at 612-335-5888 attn Jessica or by e-mail directly to your Lighting Auditor.