



Keystone Technologies Indoor Lighting Layout Request

Date: _____

Project Name:* _____

Project Address:* _____

(Please include city, state & zip)

Requester Name:* _____

Email Address:* _____

Phone Number:* _____

Requester Profession:* (Please choose one of the following)

☐ Distributor ☐ End User ☐ Contractor ☐ Specifier ☐ Other

Company Name: _____

Company Address: _____

(Please include city, state & zip)

Are you currently working with a distributor:

☐ Yes ☐ No If yes, which distributor?: _____

Type of Project (Can select more than one):

☐ Warehouse/Storage ☐ Classroom/Office ☐ Manufacturing

☐ Indoor Arena ☐ Stairwell ☐ Gym ☐ Retail ☐ Residential

Other: _____

Fixture Type (If applicable):

☐ Round High Bay ☐ Linear High Bay ☐ Microstrip ☐ Center Basket Troffer ☐ Vapor Tight ☐ Linear Pendant

☐ Stairwell ☐ Wrap ☐ Temporary Lighting ☐ Ready-Made Tube Fixture ☐ Back-Lit Panel ☐ Downlight

Keystone Part Number: _____

**Required Information*

Length x Width x Height of Room/Building Dimensions: _____

Fixture Mounting Height (If known): _____

Desired Foot-Candle Level (If known): _____

Desired number of fixtures (If applicable): _____

New Construction?

☐ Yes ☐ No

1 to 1 Replacement?

☐ Yes ☐ No

Lamp & Fixture Type (Including Ready-Made Tube, if applicable):

☐ T5 ☐ T8 ☐ 2 Lamp ☐ 3 Lamp ☐ 4 Lamp ☐ 6 Lamp

Keystone Lamp Part Number: _____

Ready-Made Fixture Part Number: _____

TAA Compliant?

☐ Yes ☐ No

Does your project require emergency/egress lighting?

☐ Yes ☐ No **If yes, Please request separate Emergency/Egress Lighting Layout form.**

Additional Notes: (Other project details, architectural plans, sketches, attachments): _____

Are you attaching files we should be looking for?*

☐ Yes ☐ No

Email this form to: lightinglayouts@keystonetech.com

**Required Information*