



220 Dingens Street, Buffalo, NY 14206 | Office: 716.824.2200 | Fax: 716.822.7605 | www.cvmelectric.com

LIGHTING SURVEY

Please complete and return this lighting survey form, which will help us determine how best we can serve you. Should you have any questions, please do not hesitate to contact us.

Contact Information

Name: _____ Company: _____

Address: _____




Phone: _____ Fax: _____ Email: _____

Facility Information

Typical Hours of Operation: _____

Type of Facility (Please mark all that apply) Office [] Warehouse [] Manufacturing []

Current Lighting (Please mark all that apply)

Category	Type	Number of Fixtures		
		20-50	50-100	100+
HID 	Metal Halide			
	High-Pressure Sodium			
	Mercury Vapor			
Fluorescent 	T12			
	T8			
	T5			
Other 	Incandescent			
	Halogen			

Additional Upgrades

Please mark any of these additional energy upgrades we offer that may interest you:

Motors [] Variable Frequency Drives []

*Email or fax this form back or call us to commence a **free, no obligation** energy audit of your facility.
Don't delay, everyday is costing you \$\$\$'s!*