

<b>Interior Lighting Retrofit Survey Form</b>							
Store Number:	Store Name:			Contact Name:			
Address:				Email:			
Location	Dining Area	Counter Area	Kitchen	Restrooms	Foyer	Playground	Other
Fixture Type (1X4, 2x2, 2X4)							
Fixture Quantity							
T12 or T8 Lamps							
Lamp Quantity per fixture							
Fixture Height							
Notes:							