

Industrial Facility Lighting Retrofit Request

Facility Information

Facility Name

Facility Address

Contact Person

Contact Phone

Contact Email

Current Lighting Details

Number & Type of Existing Fixtures

Average Operational Hours per Day

Areas to Be Retrofitted

Retrofit Request Details

Requested Retrofit Type

Objective or Goals (e.g., energy savings, improved lighting quality)

Preferred Completion Timeline

Additional Information

Additional Comments / Site Access Notes