## **Smart Home Lighting Control Integration Form**

Full Name	
Email Address	
Phone Number	
Home Address	
Current Lighting System (if any)	
Preferred Lighting Brand/Platform	
Number of Rooms to Integrate	
Desired Features	
Voice Control Remote Access Scheduling Energy Monitoring Scene Setting Other	
Level of Automation	
Additional Paguiroments / Natos	▼
Additional Requirements / Notes	