



GREENHOUSE INFORMATION FORM

Date: _____

Ref No.: _____

PLEASE PROVIDE ALL INFORMATION REQUESTED

Job Name or ID:

Customer Information:

Purchaser:		
Address:		
City:	Prov. / State:	Postal / Zip:
Telephone No.:	Fax No.:	Email Address:
Contact Person:		Cell No.:

Technical Information:

Light Level Required: _____ Footcandles or _____ Lux	Voltage Required:	Cycle: <input type="checkbox"/> 50Hz <input type="checkbox"/> 60Hz
Species / Crop Grown:	Will this project: <input type="checkbox"/> Propagate <input type="checkbox"/> Vegetate <input type="checkbox"/> Flower	

Greenhouse Information:

Design of greenhouse bays : (ie: quonset, gutter connected, etc...)	
Overall dimension of greenhouse: Width: _____ Length: _____	<input type="checkbox"/> Feet <input type="checkbox"/> Meters
Dimension of individual bays: Width: _____ Length: _____	Total number of bays:
Are there partitions or screening between bays? If so, please describe:	

Target Information:

Height of benches:	Width of benches:
Width of aisles:	Orientation of benches: Please provide drawing on page 2.

Authorized Project Signatory: _____ Page 1.
 Please initial.



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Mounting Information:

Height of fixtures to be suspended:	
Is there a misting system? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, is it above or below fixtures?:
Are there limitations to the positioning of the light fixtures? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe:	
Preferred mounting system: <input type="checkbox"/> Suspension Chain <input type="checkbox"/> Snap-on Bracket <input type="checkbox"/> Other, specify _____	

Please provide drawing including bench, aisle and walkway orientation:

Additional Notes: _____

All layouts are based on the information provided by the Authorized Project Representative as per this information sheet. Any changes made regarding the information provided for this project must be submitted in writing to our Head Office.

Authorized Project Representative: _____
Signature

Print Name and Title