

# Consultation Form

# Lightology

**Web/Corporate**  
1718 W. Fullerton  
Chicago IL 60614  
P 773.883.6111  
F 773.883.6131

**Showroom**  
215 W. Chicago  
Chicago IL 60610  
P 312.944.1000  
F 312.642.6605

Consultant: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	

Type of Space: \_\_\_\_\_

### LOCATE

- |      |                          |          |                          |               |                |  |               |
|------|--------------------------|----------|--------------------------|---------------|----------------|--|---------------|
| Keys | <input type="checkbox"/> | J-Boxes  | <input type="checkbox"/> | 1/8" = 1 Foot | Ceiling        |  | Wall          |
|      | <input type="checkbox"/> | Outlets  | <input type="checkbox"/> | 1/4" = 1 Foot | height _____   |  | color _____   |
|      | <input type="checkbox"/> | Switches | <input type="checkbox"/> | 1/2" = 1 Foot | material _____ |  | finish _____  |
|      | <input type="checkbox"/> | Doors    | <input type="checkbox"/> | 3/4" = 1 Foot | finish _____   |  | texture _____ |
|      | <input type="checkbox"/> | Windows  | <input type="checkbox"/> | 1" = 1 Foot   | color _____    |  |               |

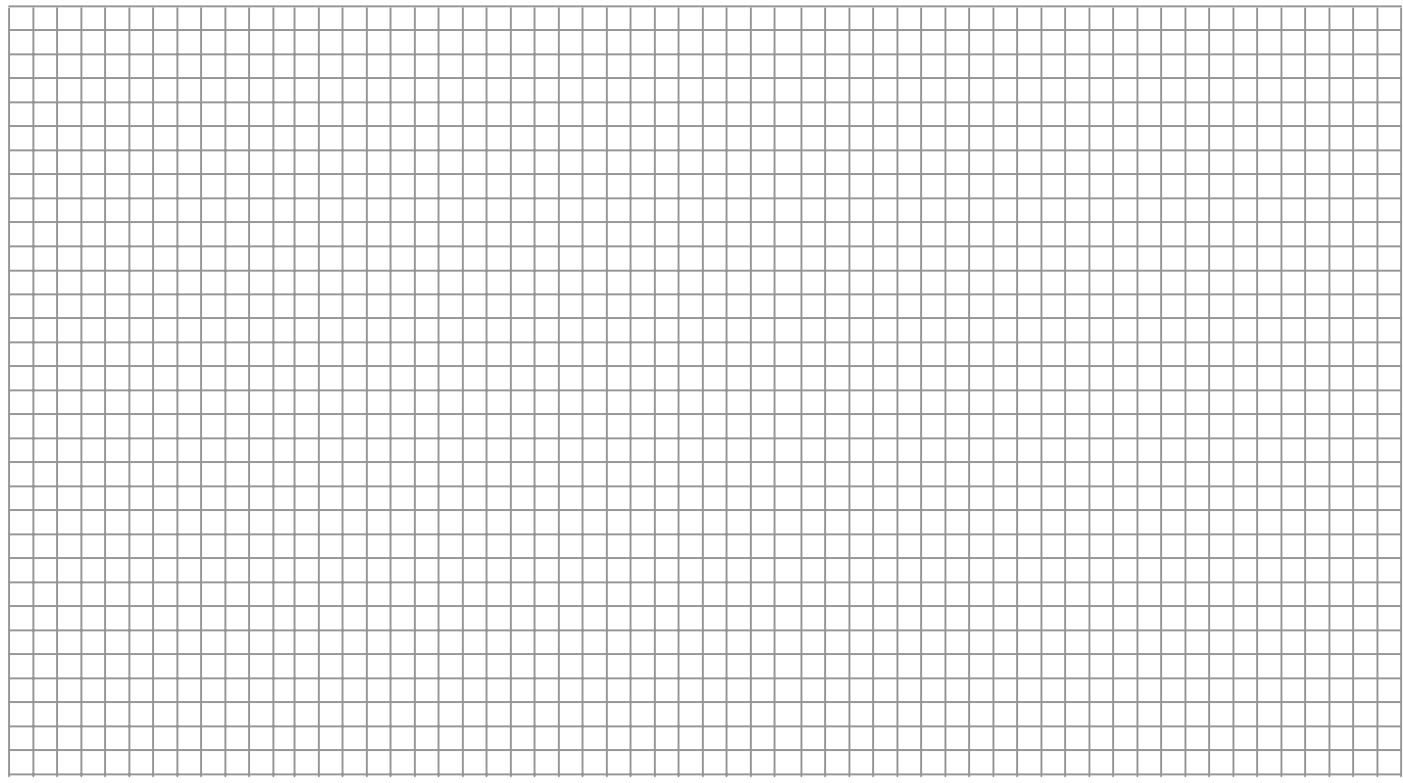
Art Dimensions \_\_\_\_\_

Window Dimensions \_\_\_\_\_

**PLAN OR ELEVATION**

Size: \_\_\_\_\_

Existing Fixtures



Existing feel of room: \_\_\_\_\_

Goal of room: \_\_\_\_\_

Clients needs and comments – highlights: \_\_\_\_\_

Tasks performed in each room – general lighting: \_\_\_\_\_

Notes:

