

# Stairwell Retrofit Fixture custom request form

## Job information

|                  |
|------------------|
| Requestor: _____ |
| Phone: _____     |
| Fax: _____       |
| Email: _____     |

|                       |
|-----------------------|
| Today's date: _____   |
| Date requested: _____ |
| Job name: _____       |
| Job location: _____   |

## Fixture information

Quantity: \_\_\_\_\_

Mounting style:       Ceiling                       Wall  
Size:                       2ft.                       3ft.                       4ft.  
Number of lamps<sup>1</sup>:       1                       2  
Lamp type:               T8                       T5-HE                       T5-HO  
Voltage:                       120 V                       277 V

High-end light level<sup>2</sup>: \_\_\_\_\_ %

Low-end light level<sup>2</sup>: \_\_\_\_\_ %

Emergency ballast required:     Yes                       No

Special considerations:

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<sup>1</sup> Lamps are not included with fixture.

<sup>2</sup> Please review your local building code to ensure that light level presets meet the required specifications.

Please send completed form via email (custsvc@lutron.com) or fax (610-282-8321).  
Lutron® will provide requestor with the ordering information (custom part number,  
price and lead time) within 48 hours of receiving request.

Questions? Please contact Lutron customer service at 1.888.LUTRON1

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