Ilmas S.p.A.
Via Giovanni Falcone, 7 20024
Garbagnate Milanese MI

Tel: +39 02 9390 0349/353
E-mail: ilmas@ilmas.com

LIGHTING DESIGN VERIFICATION REQUEST

FORM 003

COMPANY AND/OR AGENCY:

CONTACT PERSON:

ADDRESS:

TELEPHONE: EMAIL:

PROJECT NAME:

PROJECT DESCRIPTION:

PROJECT TARGET: Premium Mid-range Budget

NB: IT IS MANDATORY TO PROVIDE THE PROJECT DWG FILES (OR PDFs THAT CAN BE IMPORTED INTO AUTOCAD)

ROOM DIMENSIONS:
CEILING HEIGHTS:

WALL, CEILING AND
FLOOR COLOURS:

TECHNICAL SPECIFICATIONS
(colour temperature, beam
angle, required illuminance,
any accessories):

REQUIRED PRODUCT
TYPES OR FAMILIES:

DESIRED DELIVERY DATE:

DATE AND PLACE

SIGNATURE