

*SkyCalc Request

Sacramento, CA
(916) 395-4700
(800) 289-4700
(FAX) 395-9204
www.sunoptics.com



Date: _____

Would you like us to include recommended product and pricing information? Y / N

Customer Contact Information:

Name: _____

Sales Rep: _____

Address: _____

Organization: _____

City, State, Zip: _____

Ph: _____ / _____

Ph: _____ Fx: _____

JOB NAME & LOCATION

Check here if this job is one of several current or upcoming projects for this customer.

Job Name: _____

City: _____

Job Address: _____

State: _____ Zip: _____

BUILDING

BLDG TYPE: _____

W - Warehouse R - Retail G - Grocery O - Office
C - Classroom U - University Other: _____

Days of Operation: _____ Hours of Operation: _____

Conditioned Space: Y / N Building Area: _____ Joist Spacing: _____

Roof Area: _____ Roof Type: _____ Roof Height: _____

Ceiling Height: _____ Curb Height: _____ Safety Screen or Guard: Y / N

INTERIOR FINISH

Well Color: _____ Wall Color: _____ Ceiling Color: _____

Floor Color: _____ Rack Height: _____ Rack Width: _____

Aisle Width: _____ Partition Height: _____ Cubicle Width: _____ Cubicle Length: _____

LIGHTING

Electric Light Fixture Description: _____

Watts: _____ Height: _____ Count: _____ Spacing: _____

Lighting Setpoint (fc): _____ Control System: _____

UTILITY COSTS:

Please provide a full 12 months of energy billing history for the most accurate analysis.

Check here if a billing history is attached or if one will be submitted electronically.

Electric Provider: _____ Combined Elec Rate: _____

Demand Charge (per kWh): _____

Natural Gas Provider: _____ Gas Rate: _____