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(Reserved to the Company)
Safeguarded-project
Number:

LIGHTING PROJECT DEVELOPMENT APPLICATION FORM

FORM 018

AGENCY: **DATE :**

APPLICANT:

REFERENT: **ADDRESS:**

PHONE NUMBER: **EMAIL ADDRESS:**

BUILDING NAME

KIND OF BUILDING/LOCAL USE
(SPECIFY WHETHER IT IS AN OPEN OR CLOSED SPACE)

ILMAS PRODUCT CODE

REQUIRED ENLIGHTENMENT LEVEL
(SPECIFY WHETHER ON THE FLOOR OR ON WORKTOP)

**COLOURS OF THE WALL/CEILING AND
FLOOR OR REFLECTION COEFFICIENT**

ROOM SIZE (WITH HEIGHT):

DEVICE PLACEMENT HEIGHT:

COMPETITION:
(SPECIFY, IF POSSIBLE, THE DEVICE CODES OF OTHER COMPETITORS)

CHECK DELIVERY DATE:

KIND AND NUMBER OF ATTACHED DOCUMENTS

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PLEASE, NOTE: For projects concerning numerous rooms (such as hospitals, hotels, sport centres etc.), we demand to choose and put out just some room as example in order to check them. Attached plans have to be readable with AUTOCAD, otherwise you have to quote all the dimensions.