



ONCE COMPLETED FAX TO 1-416 245-8502

PROJECT INFORMATION	
PROJECT NAME:	GROUP I.D.
PROJECT ADDRESS:	
PROJECT CITY:	
PROJECT REFERENCE #	
COMPANY NAME:	
COMPANY ADDRESS:	
CITY:	

CONTACT NAME:	
CONTACT PHONE:	
CONTACT FAX:	

Hall Indicator Information							
Indicator Location:	<input type="checkbox"/> Wall Mount	<input type="checkbox"/> Header Over Entrance	<input type="checkbox"/> Blank Plate Req'd				
Combination lantern							
Indicator Type	<input type="checkbox"/> 2" DOT Matrix	<input type="checkbox"/> 2" 16 Segment	<input type="checkbox"/> Multi-Light	<input type="checkbox"/> Other			
Plate Size:	Width		Height		Hole C/L		
Voltage:		AC / DC		+/- Common			
C.E. ELECTRONICS INDICATOR CODE INFO:							
#4 Stainless	<input type="checkbox"/>	#8 Stainless	<input type="checkbox"/>	#4 Brass	<input type="checkbox"/>	#8 Brass	<input type="checkbox"/>