



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 Lantern Information

Style:	Flush Mount	<input type="checkbox"/>	Gilda Surface Mount	<input type="checkbox"/>	SMS Surface Mount	<input type="checkbox"/>	
Type:	Terminal Hall	<input type="checkbox"/>	Intermediate Hall	<input type="checkbox"/>	Combo Hall	<input type="checkbox"/>	
#4 Stainless	<input type="checkbox"/>	#8 Stainless	<input type="checkbox"/>	#4 Brass	<input type="checkbox"/>	#8 Brass	<input type="checkbox"/>
Existing Plate Size:	Width		Height		Hole C/L		
Voltage:	AC Or DC		+/- Common				

LANTERN TYPE:								
Hall - Vertical	<input type="checkbox"/>	Hall-Horizontal	<input type="checkbox"/>	Vandal Resistant	<input type="checkbox"/>	Standard Arrows	<input type="checkbox"/>	
Electronic Chime	<input type="checkbox"/>	Re-Use back box	<input type="checkbox"/>	C.E. ADM-30	<input type="checkbox"/>	C.E. ASM-30	<input type="checkbox"/>	
Lantern Colour:	Red	<input type="checkbox"/>	Green	<input type="checkbox"/>	Blue	<input type="checkbox"/>	Other	<input type="checkbox"/>
Existing Plate Size:	Width		Height		Hole C/L			