







Customer Lighting Survey

Customer Information

Name:		Bldg/Unit#:	
Address:			
Property Name:			
City:		State:	ZIP:
Phone:		Email:	

Please take a few minutes to let us know how many of these bulbs you have in your home.

Please only include the bulbs installed in permanent fixtures. (Non-permanent light sources such as desk lamps do not qualify.)

Incandescent Bulbs 	Compact Fluorescent Light (CFL) 	Candelabra Base (mini base) 
Number of these bulbs in your home:	Number of these bulbs in your home:	Number of these bulbs in your home:
Globes G25 	Spots / Floods Lamps 	Linear Fluorescent Tubes T12/ T8/ T5 
Number of these bulbs in your home:	Number of these bulbs in your home:	Number of these bulbs in your home:

Please indicate what room in your home the bulbs are located:

	Quantity		Quantity		Quantity
<input type="checkbox"/> Kitchen		<input type="checkbox"/> Living Room		<input type="checkbox"/> Ceiling Fan	
<input type="checkbox"/> Bathroom		<input type="checkbox"/> Dining Room		<input type="checkbox"/> Other	
<input type="checkbox"/> Bedroom		<input type="checkbox"/> Hallway			

Questions / Comments
