



Recreation Facility LED Lighting Service Questionnaire

A Municipal Information:	C Electricity Information: 3 Options																																																																																																																																																																																			
<p>Municipality: <input style="width: 95%;" type="text"/></p> <p>Address: <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/></p> <p>Postal Code: <input style="width: 95%;" type="text"/></p> <p>Contact Name: <input style="width: 95%;" type="text"/></p> <p>Contact Phone: <input style="width: 95%;" type="text"/></p> <p>Email: <input style="width: 95%;" type="text"/></p> <p style="text-align: right;">Are you interested in 3rd Party Financing for this project? <input style="width: 30px;" type="text"/></p> <p style="text-align: right;">Are you currently a CIBC customer? <input style="width: 30px;" type="text"/></p>	<p>1) <input type="checkbox"/> Check Electricity Bills (Minimum last current/preferred 12 mths) <small>(PDF scan is acceptable)</small></p> <hr/> <p>2) <input type="checkbox"/> Check OR Attach Permission Letter to collect from LDC Provided</p> <p>Hydro Co. <input style="width: 80%;" type="text"/></p> <p>Facility Account #1 <input style="width: 80%;" type="text"/></p> <p>Facility Account #2 <input style="width: 80%;" type="text"/></p> <hr/> <p>3) <input type="checkbox"/> Check OR use current <i>DEFAULT</i> Billing Rates for Proposal Calculations</p>																																																																																																																																																																																			
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Municipality Name:	Facility Name:	For LAS Use:
Municipality: <input style="width:90%;" type="text" value="0"/>	Facility Name: <input style="width:90%;" type="text" value="0"/>	Number of Weeks in Operation: <input style="width:50%;" type="text" value="0"/> Number of Weeks Off Season: <input style="width:50%;" type="text" value="52"/>

E Lighting Operational Information: (Fill out for each Lighting Zone/Area)			
Area: <input style="width:80%;" type="text"/>	Zone Identification: <input style="width:80%;" type="text"/>	Major Activity: <input style="width:80%;" type="text"/>	
Season Start (dd/mm/yy): <input style="width:60%;" type="text"/>	End: <input style="width:60%;" type="text"/>	Secondary: <input style="width:80%;" type="text"/>	Describe Other: <input style="width:80%;" type="text"/>
Sample: 20/09/2014	15/06/2015		
Lighting Hours (on a per day basis):			
Weekday <input style="width:50%;" type="text"/>		Satisfaction with light levels <input style="width:50%;" type="text"/>	
Weekend <input style="width:50%;" type="text"/>		Current Controls <input style="width:50%;" type="text"/>	
Holiday* <input style="width:50%;" type="text"/>		Interested in Lighting Controls <input style="width:50%;" type="text"/>	
Off Season <input style="width:50%;" type="text"/>			
* Assumes 11 statutory holidays through the year.			

Operating Hours:		Weekdays <input style="width:50%;" type="text" value="0.0"/>
		Weekends <input style="width:50%;" type="text" value="0.0"/>
		Holidays <input style="width:50%;" type="text" value="0.0"/>
		Off Season <input style="width:50%;" type="text" value="0.0"/>
Total Annual Hours of Use: <input style="width:50%;" type="text" value="0"/>		
Demand (kW) <input style="width:50%;" type="text" value="0"/>	Energy (kWh) <input style="width:50%;" type="text" value="-"/>	
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Comments: