



# On-Line Lighting Plan Form

Please complete the form below to help us produce your lighting plan. Simply press the submit form button at the end and then attach your floor plans in PDF format.

## Contact Details

Title First Name/s Family Name/s

Address (Optional)

Phone (Include Area Code)

Number

Home

Street

Business

Suburb

Mobile

Post Code

E-Mail

Is your new home subject to any sustainability building codes?

If YES what Percentage Low Energy

EG: In Queensland all new homes must have 40% minimum low energy lighting.

\*\*\*Please label your rooms as per the lighting plan you will be attaching eg: Bed1, Bed2, Patio etc)\*\*\*

Room 1  
Name

Room 2  
Name

Room 3  
Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

Room 4  
Name

Room 5  
Name

Room 6  
Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

\*\*\*See Next Page For More Rooms\*\*\*

Room 7  
Name

Room 8  
Name

Room 9  
Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

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Room 10  
Name

Room 11  
Name

Room 12  
Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

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Room 13  
Name

Room 14  
Name

Room 15  
Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

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Room 16  
Name

Room 17  
Name

Room 18  
Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

\*\*\*See Next Page For More Rooms\*\*\*

**Room 19**

Name

Primary Light Source

Additional Comments

**Room 20**

Name

Primary Light Source

Additional Comments

**Room 21**

Name

Primary Light Source

Additional Comments

**Room 22**

Name

Primary Light Source

Additional Comments

**Room 23**

Name

Primary Light Source

Additional Comments

**Room 24**

Name

Primary Light Source

Additional Comments

**Room 25**

Name

Primary Light Source

Additional Comments

**Room 26**

Name

Primary Light Source

Additional Comments

**Room 27**

Name

Primary Light Source

Additional Comments

**Room 28**

Name

Primary Light Source

Additional Comments

**Room 29**

Name

Primary Light Source

Additional Comments

**Room 30**

Name

Primary Light Source

Additional Comments

\*\*\*See Next Page For More Rooms\*\*\*

Room 31

Name

Room 32

Name

Room 33

Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

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Room 34

Name

Room 35

Name

Room 36

Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

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Room 37

Name

Room 38

Name

Room 39

Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

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Room 40

Name

Room 41

Name

Room 42

Name

Primary Light Source

Primary Light Source

Primary Light Source

Additional Comments

Additional Comments

Additional Comments

\*\*\*See Next Page To Complete Form\*\*\*

## General Comments

Before submitting this form please check the following.

- You are connected to the internet (When you click submit it will automatically open your e-mail program and attach this file)
- You know the location of your floor plans in PDF format (Please attach these to the same e-mail as this form)

Thankyou for taking the time to complete this form. A representative from Noosa Lighting will be in contact with you as soon as possible.