Chelan PUD Lighting Calculator

Project Worksheet

Company Name:		**Project Contact:**	
Address:		**Phone:**	
City, State & Zip:		**E-Mail:**	
Meter Number:			
Project Name:			

Heating Source	**Cooling Source**	**Hours of Opreration (HoO)**						
(check one)	(check one)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
☐ No heating	☐ No Cooling							
☐ Electric Resistance	☐ Air cond./ Heat Pump							
☐ Heat Pump	☐ Refrigerated							
☐ Gas, Oil or Other	☐	Weeks per Year:						

Estimated Project Cost:	

	Existing			**HoO**	**Proposed**		
Location	Quantity	Fixture/# of Lamps	Watts/Lamp	(if Different)	Quantity	Fixture/# of Lamps	Watts/Lamp
	Existing			**HoO**	**Proposed**		

Please Remit to: Scott Stanford
Email: scott.stanford@chelanpud.org
Fax: 509-661-8133

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