

PROJECT REQUEST FORM

REQUEST A QUOTE

Please fill out all fields for an accurate quote and send completed form to rfq@lencore.com

CLIENT INFORMATION

WHEN DO YOU NEED THIS QUOTE BY? _____

Your Name _____

Your Email _____

Type of Request

- New Quote
- Revision for quote in progress
- An add on to existing/installed system

TO WHOM SHALL WE PROVIDE THIS QUOTE?

Please verify address in Google maps

Company Name _____

Address _____

Address _____

City _____ State/Province _____ Zip Code _____ Country _____

Contact Person _____ Email _____ Phone _____

WHAT ARE THE SPECIFICS OF YOUR PROJECT:

Existing Building _____

Company Name _____

Address _____

City _____ State _____

Zip Code _____ Country _____

New Building _____

Company Name _____

Municipality/Address _____

Section /Block /Lot _____

City _____ State _____

Zip Code _____ Country _____

Project/scope of work _____

Site Contact _____

Email _____ Phone _____

If you have been with a sales person, please provide their name _____

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BUILDING INFORMATION

PLEASE IDENTIFY THE TYPE OF CONSTRUCTION

New Construction

Existing/Retrofit Description of work/notes _____

ARE THE PRIVATE OFFICE WALLS CONSTRUCTED FLOOR TO SLAB?

No Yes

WHAT TYPE OF CEILING? (Check all that apply)

Drop Tile Steel Truss

Cement Open

Sheetrock Wooden Beam Other _____

WHAT IS THE APPROXIMATE SQUARE FOOTAGE OF THE AREA BEING COVERED? _____

What is the floor to finished ceiling height? (FIG A)

Feet _____ Inches _____

What is height from the finished ceiling to the underside of the deck? (FIG B)

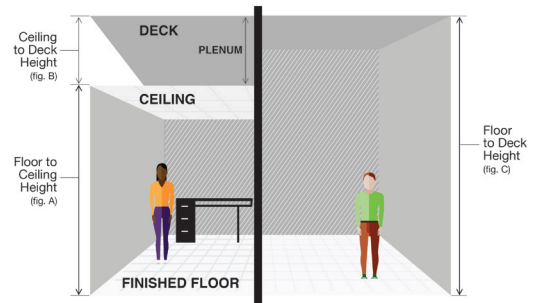
Feet _____ Inches _____

What is the height from the floor to the underside of the deck? (FIG C)

Feet _____ Inches _____

Please attach floor and/or reflected ceiling plan drawings, autocad or pdf.

Alternatively, you can email the drawings to rfq@lencore.com



IF THE CEILING IS OPEN, DO YOU WANT SPEAKERS PAINTED?

No White Black Custom Custom Paint Number _____ Sherwin Williams: _____

Benjamin Moore: _____

WHAT TYPE OF INSULATION IS ABOVE THE CEILING?

None Sprayed on beams/deck Laying on the ceiling tiles Don't know

ARE THERE EXISTING CEILING TILES IN PLACE?

No Yes

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SOUND MASKING OR MNEC REQUIREMENTS

Please provide a brief description of what the system needs to accomplish or if there is a specific noise problem to overcome.

PLEASE IDENTIFY THE REQUIREMENT IN EACH OF THE APPLICABLE AREAS:

	Sound Masking	Notification/Paging	Music	MNEC
Open office workstations				
Private offices				
Hallways				
Conference rooms				
Other				

ARE YOU INTERESTED IN A PARTICULAR SYSTEM?

	Masking	Music	Paging	Network	MNEC*
Spectra Classic	X	X	X		
i.Net non-network	X	X	X		
i.Net networked	X	X	X	X	
n.Form	X	X	X	X	X

*Mass Notification Emergency Communication

IS THIS PROJECT QUOTED ON GSA CONTRACT?

No Yes

WILL YOU BE INTERFACING WITH CRESTRON OR AMX CONTROL SYSTEM?

No Crestron AMX Other

INSTALLATION REQUIREMENTS

Will you require Lencore to provide installation services?

No Yes

Are permits required?

No Yes

What are the project site labor requirements?

Normal Hours Non-union Union Prevailing Wage

After Hours Non-union Union Prevailing Wage

WHAT IS THE TARGET DATE FOR COMPLETION? _____

SOUND MASKING • PAGING • AUDIO • MASS NOTIFICATION