

## Rambridge Light Calculation Intake Form

Project Name:			
Client Name:			
	<u> </u>		
Type of Project:	() Indoor	Outdoor	
Greenhouse Address:			
Does your project use reflective Wall Material?		No	Yes
If Yes, please describe:			

## **Room Information**

Width: Length:

Ceiling height:

Truss height (greenhouse):

Comments:

## **Plant Information:**

Stage:





)Mother

## **Rambridge Wholesale Supply**

Phone Toll Free: 1.800.265.4769



Growing from (include height):			
Bench			
Pot height:			
Tray:			
Floor:			
Crop height (not including benches/trays):	Flower	Veg	Mother
Additional:			
Voltage:			
Max Amperage (if applicable):			

Type of Lighting Required:

HPS

LED

СМН

If this facility requires multiple tiered racking, please include diagrams or PDFs of dimensions and spacing of racks including heights with this form.

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