



ELECTRODYN
retrofit solutions made easy

1-800-447-5442

CAR/HALL LANTERN

Company Name _____

Address _____

City _____ State _____ Zip _____

Date _____ Company Rep. _____

Phone _____ Fax _____

Email _____

ADA CODE UPGRADES

Building Name		Contract No.	
Controller Type		No. of Cars	
No. of Floors	Do you have lanterns now? (If yes, use DDP, located on separate sheet. If no, complete the information below)		
	<input type="checkbox"/> Yes (DDP) <input type="checkbox"/> No (HL)		

HL757 A/B

Type of lantern to be installed <input type="checkbox"/> Car <input type="checkbox"/> Hall	Lantern Voltage _____ <input type="checkbox"/> AC <input type="checkbox"/> DC (recommended 120VAC)
If Otis, is unit a Hydro? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Position Indicator	Voltage _____ <input type="checkbox"/> AC <input type="checkbox"/> DC

COMPLETE FORM AND FAX TO 954.656.8839