



ELECTRODYN
retrofit solutions made easy

1-800-447-5442

DOUBLE DOWN PASSING SIGNAL

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, complete the information below. If no, use separate sheet for HL757 in this packet)		
	<input type="checkbox"/> Yes (DDP) <input type="checkbox"/> No (HL)		

DDP A/B

Existing lantern voltage _____ <input type="checkbox"/> AC <input type="checkbox"/> DC	Tone Generator <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Car <input type="checkbox"/> Hall	Cabinet <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPLETE FORM AND FAX TO 954.656.8839