

CAR/HALL LANTERN & DOUBLE DOWN PASSING SIGNAL

Company Name _____

Address _____

City _____ State ____ Zip _____

Date _____ Company Rep. _____

Phone _____ Cell _____ Fax _____

E-mail _____ E-fax _____

ADA CODE UPGRADES

Building Name		Contract No.	
Controller Type		No. of Cars	
Do you require a digital set of final prints? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please choose how you wish to receive the .pdf file: <input type="checkbox"/> Link to download <input type="checkbox"/> Disc	
No. of Floors	Do you have lanterns now? (If no, complete the information below; if yes, complete the DDP section) <input type="checkbox"/> Yes (DDP) <input type="checkbox"/> No (HL757)		

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

DDP A/B

Existing lantern voltage _____ <input type="checkbox"/> AC <input type="checkbox"/> DC <input type="checkbox"/> Car <input type="checkbox"/> Hall	Cabinet <input type="checkbox"/> Yes <input type="checkbox"/> No
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**COMPLETE FORM AND FAX TO 954-933-4185
OR SAVE THE FILE AND SEND AS AN ATTACHMENT TO SALES@ELECTRODYN.COM**

