

Email Forms to: fieldservice@hortoncontrolsgroup.com

Project #: _____

Today's Date: _____

Project Name: _____

Project Address: _____

System Platform: nLight (Stand Alone) nLight (Networked) Fresco nAir ETC Theatrical MeshSmart
 Crestron (Stand Alone) Crestron (Networked) Crestron ZUM (Stand Alone) Crestron ZUM (Networked)

Service(s) Requested: Pre-Construction Meeting System Startup User Training Troubleshooting

Preferred Pre-Con Date: _____ 1st Available Date

Preferred Startup Date: _____

General lead time is 20 business days upon receipt of completed form. 20-day notice does not guarantee requested date.
Email all forms to fieldservice@hortoncontrolsgroup.com

Project Turnover Date: _____

CRITICAL STARTUP NOTES:

- ALL NETWORK DEVICES MUST BE CONNECTED AND OPERATIONAL PRIOR TO THE HCG TECH ARRIVING ON SITE. IF ALL DEVICES ARE NOT CONNECTED, ADDITIONAL STARTUP VISIT AND CHARGE MAY BE REQUIRED.
- IF SITE IS NOT READY FOR STARTUP WHEN THE HCG TECH ARRIVES, THE HCG TECH MAY LEAVE THE SITE AND PROGRAMMING MAY BE POSTPONED UNTIL THE NEXT AVAILBLE DATE AFTER SITE INSTALLATION IS CONFIRMED COMPLETE. ADDITIONAL CHARGES MAY APPLY.
- Contact Distributor for any missing or damaged material.
- EC is responsible for ensuring installation is completed per the final approved submittals.
- If owner training is required for this project, request at time of startup using this form.
- 48 Hour advanced notification is required for cancellation or additional fees my apply.

Special Requirements: Standard PPE Background Check Drug Screening Other: _____

For Background Checks & Drug Screening, please provide instructions.

Working outside of normal business hours (evenings or weekends)? YES NO

If Yes, what are the required hours? (Additional charges may apply): _____

Other Remarks/Questions: _____

Electrical Contractor Company Name: _____

Onsite Contact: _____ Phone: _____

Email: _____

Project Manager: _____ Phone: _____

Email: _____