

Regional Sales Offices	Phone:	Fax:
West / South	800-622-6269	888-858-7200
Midwest	800-321-5868	888-736-3774
East	800-541-1150	866-916-0409

## Wraparound Diffuser Sizing Form

## **Instructions for Specifying Product:**

- 1. Remove existing lens from the light fixture.
- 2. Stand the lens up on one end and trace the part in the box below. If the part is wider or taller then this box, then tape two or more pieces of paper together. Malcolite's fax machine can handle pages 8.5" x 36" long!
- 3. Measure the dimensions of the light cover to the nearest 1/16" of an inch. Write the dimensions of the part (width, inside hook, etc.) on the

	drawing and fill-out the information at the bottom of the form to your nearest Malcolite regional sales office.	form.
	,	art Drawing #:
		buc doctor
Specificat	ions:	Attach business card or fill-out information below
Length:	(to the nearest 1/16" inch)	Control Name
End-caps:	☐ Yes / ☐ No	Contact Name: Company:
Material:	☐ Clear Prism Acrylic	Phone:
wateriar.	☐ White (Opal) Material	Fax:
Quantity:		Address:
		City, State, Zip
Location in	Building:	Comments:



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