

# Lencore Acoustics Corp. Project Request Worksheet

1 Crossways Park Drive West , Woodbury, NY 11797 Phone: (516) 682-9292 Fax: (516) 682-4785

Quote To:  Date

Quote Contact:   GSA

Address:   Non-GSA

City:  State:  ZIP:  Country:

E-mail:  Phone  Fax

Project Name:

Site Address:

Site Contact:  Phone Number

1. Describe the sound or noise problem:

2. Is paging or background music going to be installed with the sound masking system?

YES  NO

3. What type of area will have sound masking? (check all that apply)

- Open Office workstation  Call Center  
 Private Offices  Conference room  
 Other (Please specify)

4. What is the approximate square footage of the area to be masked? **sq. feet**

5. What is the height from floor to ceiling? **feet**

6. If there is a ceiling tile, what is the height from the ceiling tile to the deck above? (plenum height) **feet**

7. What is the type of ceiling tiles? (check all that apply)

- Lay in Drop ceiling  Ceiling clouds  
 Concealed spline ceiling  Sheetrock®/gypsum  
 Exposed (Open to above floor/roof)  
 Other

8. If Open ceiling, do you want painted units?

YES  NO

9. If sound masking units are visible or painted, do you want labels?

YES  NO

10. Is there insulation in the ceilings?

YES  NO

11. Is there asbestos in the ceilings?

YES  NO

12. The area to be sound masked is:

Retrofit  New Construction

13. Installing a new ceiling (if required), will take place:

Before  After sound masking installation.

14. Are there any unusual space conditions or know obstructions in the area above the ceiling?

YES (specify)  No

15. Will you require installation?  YES  NO

16. The job is:  Union  Non-Union

17. Are permits required?  YES  NO

18. When can installation be done?

Regular hours  After normal business hours

19. Target date for project completion?

20. When do you need a quote by?

21. Please list any miscellaneous items or information i.e. Healthcare installation requirements, etc.

Completed by:

Please attach Drawing of the Space, Reflected Ceiling Plan (CAD preferable) through Attachments tab on left and hit Submit or email to: [drawings@lencore.com](mailto:drawings@lencore.com) or Fax to (516) 682-4785.