



MOUNTING APPLICATION DESIGN GUIDELINE

1

CONTACT INFORMATION

Tech Advisor: _____ Docket# _____
 Date: _____ Project Name: _____
 Company: _____ Contact: _____
 Email: _____ Tel: _____ Fax: _____
 Bid Date: _____ Install Date: _____

2

LOUDSPEAKER INFORMATION

a. Speaker Mfr.: _____ Model(s): _____ Qty: _____
 b. Speaker Mfr.: _____ Model(s): _____ Qty: _____
 c. Speaker Mfr.: _____ Model(s): _____ Qty: _____

Please provide exact speaker model information and data sheets from speaker manufacturer with this form.

3

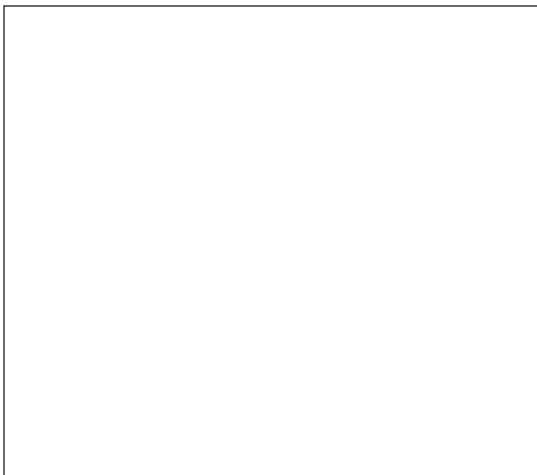
MOUNTING APPLICATION INFORMATION (Check-mark all that apply)

<input type="checkbox"/> Wall	<input type="checkbox"/> Perm	Horiz. Angle: _____
<input type="checkbox"/> Ceiling	<input type="checkbox"/> Temp	Vertical Angle: _____
<input type="checkbox"/> Pole Dia: _____	<input type="checkbox"/> Indoor	Speaker to floor (ft): _____
	<input type="checkbox"/> Outdoor	

4

Use the following illustration boxes to **fax** your specific application needs.

ILLUSTRATE FRONT VIEW



ILLUSTRATE SIDE VIEW

