New Project Questionnaire from: _____

SMART HOME OPTIONS - Circle your desired options or fill in the blank where appropriate:

DATA NETWORKING:

1. Do you have a Router?   YES   NO

2. Do you know your Router's speed?   YES   NO

3. If so, enter speed here: _____   Mbps (Megabits)

4. Do you desire greater speed?   YES   NO

5. If so, please circle desired speed: 50 Mb   100 Mb   500 Mb   1 Gb

WATCH (VIEWING):

1. Home by Watch Zones – simple automation of how many zones?   1   2   3   4   5   6

2. Do you desire new 4K TV's?   YES   NO

3. If 'yes', how many zones?   1   2   3   4

4. What services do you watch?   Direct TV   Dish TV   Over the Air TV   Other: _____

5. What streaming services do you have or desire: Netflix   Amazon Prime   YouTube

AUDIO (LISTENING):

1. Do you have wired speakers in your home?   YES   NO

2. What music services do you have?   Pandora   Spotify   Apple Music   Other _____

INTERFACES:

1. Remote control per "Watch Zone" above recommended: YES   NO

2. Add $100 for Charging Cradle per Remote: YES   NO

3. What type of Mobile devices do you have?   Phone _____   Tablets _____

COMFORT (TEMPERATURE):

1. Would you like us to include Communicating Thermostats?   YES   NO

2. Do you want to control temperature remotely?   YES   NO

LIGHTING:

1. Lighting devices desired for control: _____

2. How many lighting scenes are desired?   1   2   3

SHADE:

1. Would you like to have Automated Shades, Drapes or Blinds?   YES   NO

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702-263-0783

Authorized DEALER Control4

License C2D #0077076

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928-855-3932

SECURITY:

1. Would you want to add a Security system?   YES   NO

2. Security System with Zones?   YES   NO

3. Do you want to pay a Monitoring service for Police/Fire response?   YES   NO

SURVEILLANCE:

1. Would you like Cameras for Surveillance?   YES   NO

2. If 'yes', number desired: _____

CONTROL4 INTERCOM:

1. Requires Touch Screen Interface: YES   NO

2. Add Front Door Station?   YES   NO

MISCELLANEOUS AUTOMATION OPTIONS:

1. Garage Door Monitoring and Opening Desired?   YES   NO

2. Leak Detection?   YES   NO   3. If yes, number of Locations: _____

4. Door Locks?   YES   NO

LEGACY DEVICES:

1. Do you have Legacy Devices you wish to keep?   YES   NO

2. If 'yes', please list below or add photos (use back of questionnaire if you require more space):

   TYPE   *MODEL*   *LOCATION*

   _____

   _____

   _____

   _____

   _____

OTHER ISSUES OR DESIRES:

   _____

   _____

Estimated budget amount for your project (if any): $_____

Project Address: _____

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