

*Project Name* \_\_\_\_\_ *Type#* \_\_\_\_\_



**V8860-5**  
**Black**  
**Frost Lens**  
**Cast Aluminum**  
**6 1/2" W x 11" H x 5 1/2" E**  
**1 – 100 W. Med. Base**  
**Mounts Wall or Ceiling**  
**Wet Location Rated**

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