



MANITOWOC PUBLIC UTILITIES

1303 South 8th Street P.O. Box 1090 Manitowoc, WI 54221-1090 920-683-4600 FAX 920-686-4348 www.mpu.org

Application for Security Light Service

Company Name: _____

Service Address: _____

Account Number: _____

To: Manitowoc Public Utilities
PO Box 1090
Manitowoc, WI 54221 – 1090

I/We hereby apply for Security Light Service for the above premises. I/We agree that said Security Light shall be used in conformity with the rate, rules and regulations on file with the Public Service Commission of Wisconsin, or in the office of this Utility. I/We agree to pay for services at the established rates. **I/We agree to have the following services installed for a minimum of three (3) years.**

- _____ 100 Watt H P Sodium Light(s)
- _____ 100 Watt H P Sodium Underground Post-Top Light(s)
- _____ 200 Watt H P Sodium Light(s)
- _____ 200 Watt H P Sodium Light(s), With Underground Electrical Feed
- _____ 250 Watt H P Sodium Light(s)
- _____ 400 Watt H P Sodium Floodlight(s)
- _____ 400 Watt Metal Halide Floodlight(s)
- _____ 1000 Watt Metal Halide Floodlight(s)

If necessary, attach a sketch of the property showing the approximate location(s) of the light(s) to be installed. Request assistance from MPU in advance if needed.

Signed _____ Date _____
Customer or Authorized Representative

Name _____ Telephone Number _____

MPU Routing:

Customer Service Approval _____

Electric Distribution _____ Date Installed _____

Customer Service Billing _____

Distribution Records _____ Date Updated _____

Accounting _____