

APPLICATION FOR SECURITY LIGHTING
HIBBING PUBLIC UTILITIES COMMISSION

The undersigned does hereby apply for Security Lighting at:

Name

Address

Customer No.

Location of Light(s): _____

Pole Number(s): _____

Please indicate requirements below:

<u>Light Fixture</u>	<u>Quantity</u>	<u>Light/Month*</u>	<u>Total</u>
100 Watt High Pressure Sodium	_____	\$ 11.21	_____
250 Watt High Pressure Sodium	_____	\$19.70	_____
35-Foot Pole	_____	\$ 8.15	_____

Total Monthly Cost:

--

Term of Contract:

For a fixed term of not less than ten (10) years, and for such time thereafter until terminated by any (all) party giving a thirty-day (30) written notice to all remaining parties.

Signature

* Rates may be amended annually by action of the Hibbing Public Utilities Commission, generally as other Utility rates are adjusted.

Installation Completed: _____

Processed by: _____ Date: _____

<u>For Office Use Only</u>		
<u>Date Changed</u>	<u>Qty</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____