

Fax to: 1-800-645-4869

Streetlight Repair Request

Date _____

From _____

Phone _____

Account Name & Number:

Number/Type (if known)

Location/s

Circle type (HPS-High Pressure Sodium or MV-Mercury Vapor)

_____ - 100 watt HPS/MV street light(s) [4PG]

_____ - 175 watt MV street light(s) [4KB]

_____ - 250 watt HPS/MV street light(s) [4PA]

_____ - 400 watt HPS/MV street light(s) [4PC]

Special Instructions: (directions, addresses, etc.)

Company Use Only

Order generated: Yes _____ No _____

Estimated completion date: _____/_____/_____