Non-Standard Lighting Record - WI

Billing Name	**Village of Fox Crossing**				
Billing Address	2000 Municipal Dr				
C/T/V	Neenah	**State**	WI	**Zip**	54956
Service Address, if different than Billing Address					
Name	STREET LIGHTING				
Address	N CLAYTON AVE				
C/T/V	FOX CROSSING	**State**	WI	**Zip**	54956

	Install	Remove
Open cIS CONTRACT#	7063900036-52	
Open cIS Premise#	383998901	
New Account?	☐ Yes	
Customer Type	Governmental (MS4 / LE6)	
Work Request	5192331	**Related Work Request**
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	Pole					Fixture												
Ref #	**Pole #**	**Rate**	**Style**	**Mtg Ht**	**Color**	**Qty**	**Source**	**Style**	**Color**	**Fixt Class**	**Facilities / LED fixture per mo**	**Facilities / HID fixture per mo**	**Watts / fixture**	**LED Energy Class (kWh)**	**Energy / fixture per mo**	**Total / mo w/ Source Charge ***	**Location Description**	**Install / Remove Date**
30	26-	LE6 gov	Wood	35 Ft	Natural	1	LED_3K	Oval-Low	Gray	D	$7.69		40	13-15	$1.52	$10.21	SE CORNER OF N CLAYTON AVE & CR-BB	

$ 10,579.73 Total Upfront Customer Contribution

$10.21 Total monthly charges, or net change, before taxes

* Monthly total subject to surcharges and credits per Wisconsin Electric Service Rates and future rate changes approved by Public Service Commission

Comments: TOTAL COST INCLUDES $180.00 OF SEASONAL CHARGES.

Authorization:

Property Owner / Authorized Representative Signature

Date

Non-Standard Lighting Record - MI

Billing Name							
Billing Address						**Install**	**Remove**
C/T/V		**State**		**Zip**	**Open cIS CONTRACT#**		
Service Address, if different than Billing Address					**Open cIS Premise#**		
Name					**New Account?**	☐ Yes	
Address					**Customer Type**		
C/T/V		**State**		**Zip**	**Work Request**	**Related Work Request**	
					Page # / of #		

	Pole					**Fixture**													
Ref #	**Pole #**	**Rate**	**Style**	**Mtg Ht**	**Color**	**Qty**	**Source**	**Style**	**Color**	**LED Fixt Class**	**Facilities / LED fixture per mo**	**Facilities / HID fixture per mo**	**Watts / fixture**	**LED Energy Class (kWh)**	**Energy / fixture per mo**	**Total / mo w/ Source Charge ***	**Location Description**	**Install / Remove Date**

Total Upfront Customer Contribution

Total monthly charges, or net change, before taxes

* Monthly total subject to surcharges and credits per Michigan Electric Service Rates and future rate changes approved by Public Service Commission

Comments: ______________________________

Authorization: ______________________________ ____________

Property Owner / Authorized Representative Signature Date