



# Application for Security Lighting

**Caribbean Utilities Company, Ltd.**  
 Customer Service Department  
 P.O. Box 38, Grand Cayman KY1-1101  
 Tel: (345) 949-5200, Fax: (345) 945-1218

E-mail: service@cuc.ky, Website: www.cuc-cayman.com

Customer Name:		Account number for billing:	
Mailing Address:			
Telephone:	Direct Ext:	Cell:	
Primary E-mail:		Secondary E-mail:	

Dear Sir/Madam,  
 As a customer of Caribbean Utilities Company, Ltd. [CUC] with an active utility account, I hereby apply to CUC for security lighting service, which shall include the supply, installation, operation and maintenance of Light-Emitting Diode [LED] luminaire light[s] and/or High Pressure Sodium [HPS] as indicated on this form.

## Lights Requested:

### Metal Poles [with underground wiring]:

<input type="checkbox"/>	54 Watt LED @ \$ _____ =	<input type="checkbox"/>
<input type="checkbox"/>	137 Watt LED @ \$ _____ =	<input type="checkbox"/>
<input type="checkbox"/>	207 Watt LED @ \$ _____ =	<input type="checkbox"/>
<input type="checkbox"/>	1000 Watt HPS @ \$ _____ =	<input type="checkbox"/>

### Wooden Poles:

<input type="checkbox"/>	54 Watt LED @ \$ _____ =	<input type="checkbox"/>
<input type="checkbox"/>	137 Watt LED @ \$ _____ =	<input type="checkbox"/>
<input type="checkbox"/>	207 Watt LED @ \$ _____ =	<input type="checkbox"/>

## Declaration and Signatures:

The undersigned hereby applies for security lighting service in accordance with the current Schedule of Rates, the [Terms of Service](#) and other terms and conditions of supply. I agree and understand that the provision of the security lighting service is subject to there being suitable pole(s) 120-volt supply availability. I also acknowledge that the monthly rental fee shall be in accordance with the schedule of rates determined by CUC and which, from time to time, may be adjusted as determined by CUC.

I further understand that the term for such security lighting shall be a minimum term of 18 months commencing from the date of installation, and should CUC terminate the service during the term for non-payment, I shall be liable to CUC for all unpaid amounts remaining in the term of the contract plus a disconnection fee

I hereby authorize and direct CUC to transfer any outstanding amounts, as a result of said disconnection of the security lighting service, to any of the undersigned's active accounts maintained with CUC.

Customer Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Account information checked/verified by:

Name of Customer Service Representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Contact Details up to date       Signature(s) the same as account holder       ID on file and valid

CUC reserves the right to schedule installation, operation, maintenance and removal of the light(s) at its sole discretion

Customer Name(s):		Account Number:	
Street Address:		Pole Number:	
Block:	Parcel:	Postal Address:	
Telephone: Primary Cell:		Secondary Cell:	Home:
Description of Pole Location:			
<input type="checkbox"/> Install/change security light		<input type="checkbox"/> Face light to house/road	
Primary E-mail:		Secondary E-mail:	

**Privacy Notice:**

Personal information collected by CUC is accessible only by authorized personnel and is used for connection of electricity services, notifications relating to your electricity account(s) and distribution and collection of other relevant information affecting service(s). For further details please review our full Privacy Notice which can be accessed at any time via our website at [www.cuc-cayman.com](http://www.cuc-cayman.com) CUC will contact customers to notify of imminent disconnection and outages. Information is also shared with third parties in relation to the collection of funds, both for current and overdue balances. It is the customer's responsibility to notify CUC if contact details have changed.

**For Official Use:**

Work order/Enquiry Number:	Date created:
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**Planning:**

Standard fitting: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no: 1] Attach estimate letter 2] Letter sent to applicant on [date]:	3] Payment made: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Estimator:	Date:

**Stores:**

Issued by:	Date:
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**Line Department:**

Pole Number:	Pole Number:	Pole Number:	Pole Number:
Light No. 1:	Light No. 2:	Light No. 3:	Light No. 4:

Name of Installer:	Signature:	Date:
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**Customer Service/Billing (after installation)**

Account Number Billed:	Date added/changed:
Name of Customer Service Representative:	
Signature of Customer Service Representative:	