

## 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

Date:				
Name:				
Account Number:				
Note: Monthly charges for security lighting will be billed to the account number provided.				
As a customer of Caribbean Utilities Company, Ltd. [CUC] I hereby apply to CUC for security lighting service, which supply, installation, operation and maintenance of High Pr [HPS] or Metal Halide [MH] luminaire light[s] as indicated connection therewith, I agree to the following terms and of the monthly rental fee shall be in accordance with the rates determined by CUC and which, from time to time adjusted as determined by CUC.  2. The provision of the security lighting service is subject suitable pole(s) 120-volt supply availability.  3. The term for such security lighting shall be a minimum months commencing from the date of installation. It is should CUC terminate the service during the term for shall be liable to CUC for all unpaid amounts remaining the contract plus a disconnection fee. I hereby author CUC to transfer any outstanding amounts, as a result disconnection of the security lighting service, to any a that I have with CUC.  4. CUC reserves the right to schedule installation, opera and removal of the light(s) at its sole discretion.  5. It is agreed that any payments by the customers to C security lighting service shall not entitle the customer of the whole or any part of the security lighting instal CUC shall remain the owner of the security lighting instal	shall include the essure Sodium on this form. In conditions:  e schedule of ee, may be  Metal Poles [with underground wiring]:  70 Watt MH @ \$ =			
Customer's Name:	CUC Representative Name:			
Customer's Signature:	CUC Representative Name:			
Date:	Date:			
Duto.	<u> </u>			

Enquiry Number:		Date:		
Customer's Name:		Account Number:		
Street Address:		Pole Number:		
Block:	Parcel:	Postal Address:		
Telephone: Work:	Home:	Cellular:		
☐ Install/change security light ☐ Face light to house/road				
Primary E-mail:		Secondary E-mail:		
Planning:			_	
Standard fitting: Yes	No			
If no: 1] Attach estimate letter 2] Letter sent to applicant on [d		[date]:	3] Payment made:  Yes No	
Comments:				
Estimator:		Date:		
Stores:				
_				
Issued by:		Date:		
Issued by:		Date:		
Issued by: Line Department:		Date:		
		Date:  Or nearest main line pole	:	
Line Department:			:	
Line Department: Pole Number:		Or nearest main line pole	:	
Line Department: Pole Number: Light Number:		Or nearest main line pole Feeder:	:	
Line Department: Pole Number: Light Number:	ent:	Or nearest main line pole Feeder:	:	
Line Department: Pole Number: Light Number: Installed by:	ent:	Or nearest main line pole Feeder:	: 	
Line Department:  Pole Number: Light Number: Installed by:  Customer Service Department		Or nearest main line pole Feeder: Date:		
Line Department:  Pole Number: Light Number: Installed by:  Customer Service Department Account Number:	presentative:	Or nearest main line pole Feeder: Date:		
Line Department:  Pole Number:  Light Number:  Installed by:  Customer Service Department  Account Number:  Name of Customer Service Rep	presentative:	Or nearest main line pole Feeder: Date:		
Line Department:  Pole Number:  Light Number:  Installed by:  Customer Service Department  Account Number:  Name of Customer Service Rep	presentative:	Or nearest main line pole Feeder: Date:		
Line Department:  Pole Number: Light Number: Installed by:  Customer Service Department Account Number: Name of Customer Service Rep Signature of Customer Service	presentative:	Or nearest main line pole Feeder: Date:		