

# Application for outdoor lighting service

**Return options:** Submit your application to:Email: [newserviceinstallation@wisconsinpublicservice.com](mailto:newserviceinstallation@wisconsinpublicservice.com)

Fax: 866-430-6021

Mail: Wisconsin Public Service, NSI Group, P.O. Box 19001, Green Bay, WI 54307-9001

**Questions:** Call 800-242-9772 or email: [newserviceinstallation@wisconsinpublicservice.com](mailto:newserviceinstallation@wisconsinpublicservice.com)

## Contact and site information

Site address: \_\_\_\_\_

Municipality (City/Town/Village): \_\_\_\_\_ State: \_\_\_\_\_

Contact/business name: \_\_\_\_\_

Contact address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Preferred contact method: ☐ Phone 1: (\_\_\_\_) \_\_\_\_\_ ☐ Phone 2: (\_\_\_\_) \_\_\_\_\_☐ Email: \_\_\_\_\_Contact type: ☐ Property owner ☐ Contractor ☐ Municipality ☐ Other

## Billing (if different than contact)

Billing name: \_\_\_\_\_

Billing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Preferred contact method: ☐ Phone 1: (\_\_\_\_) \_\_\_\_\_ ☐ Phone 2: (\_\_\_\_) \_\_\_\_\_☐ Email: \_\_\_\_\_Electric/lighting account# to bill: ☐ New ☐ Existing Account# \_\_\_\_\_Customer type: ☐ Residential ☐ Commercial/industrial ☐ Government

## Lighting request specifics

*\*Note streetlights-municipality only***Install:** ☐ Area light ☐ Streetlight\***Remove:** ☐ Area light ☐ Streetlight\***Change:** ☐ Area light ☐ Streetlight\***Relocate:** ☐ Area light ☐ Streetlight\*

## Pole

☐ Existing pole(s) Location # (xx-xxxxx) \_\_\_\_\_☐ Install new pole(s) Type: ☐ Wood ☐ Fiberglass ☐ Don't know

## Fixture type/style

### Light-emitting diode (LED)

**Cobra**☐ Low (equiv. HPS 100W)☐ Med (equiv. HPS 150W)☐ High (equiv. HPS 250W)**Directional Flood**☐ Low (equiv. HPS 175W)\*☐ Med (equiv. HPS 250W)☐ High (equiv. HPS 400W)**Yard Light**☐ V Low (equiv. HPS 100W)\*☐ Low (equiv. HPS 150W)**Post Top**☐ Low (equiv. HPS 100W)\*☐ Med (equiv. HPS 150W)*\* Available in MI Only**\*\* All equiv. HPS wattages are approximate*

## Location specifics

**Specify lighting area:** (i.e., rear parking lot, driveway, front yard, etc.):

Describe lighting request details, including dimensions, identifying special needs or considerations.

Is light-trespass a concern for neighbors or municipality? ☐ Yes ☐ No ☐ I don't know

Describe any construction coordination or other timing concerns:

If appropriate, attach a sketch or draw one below, showing property and preferred location for lights.