

Southern California Edison Streetlight Authorization Form

DEVELOPER/APPLICANT MUST PROVIDE THIS FORM COMPLETED BY THE PUBLIC AUTHORITY

FOR ANY SCE OWNED STREETLIGHT INSTALLATION, REMOVAL, OR CHANGE REQUEST INCOMPLETE FORMS WILL BE RETURNED AND NOT PROCESSED

			Proied	t Informat	ion			
Public Au	thority Name:							
	eveloper Name:	Phone #:						
Tract/Ref								
Streetligh	t Location:							
J			Streetli	ght Inform	ation			
	Type of Request (s	elect one)	:					
For Chan	ge Requests, desc	ribe work	to be com	pleted:				
Pole/Lamp Information				<u>Billing Information</u> (New Installations Only)				
# of Lights	Lamp Type*	Lamp Size	Color Temp.	Public Authority Responsibility for Streetlight Monthly Billing				
Ligitio	1 700			Please Select <u>One</u> and Fill Out Applicable Fields				
				Select Upon Energizing		If D. I. II.	A 41	D = 11 = = 45 == ==
				Public Aut	ERGIZING thority Will er Monthly	If Public Authority is Collecting Builder/Developer Advanced Energy Payment indicate Date Collected		
					Upon	Date:		
				Energization of		Monthly	Billing (Sele	ct One)*:
TO BE COMPLETED BY SCE				Streetlights by SCE Please Complete Applicable Sections on Right		Establish New Service Account (SA)		- ,
District:						Utilize Existing SA		
Planning AOR:						SA#:		
Planner Name:				Select Commit Date		Date Agreed upon by SCE and public authority or no later than 36 months from first streetlight		
Design Manager SR#:					ENT DATE			
Product #:				Public Authority Will Take Over Monthly		energized whichever is first		
Date Received by Planning:						Agreement Date:		
Public Authority Notes:					Billing At Agreed Upon Date or 36 Months After Monthly Billing (Select O		ct One):	
				First Streetlight Energized whichever is		Establish New Service Account (SA)		
Authorized Public Authority Agent				Earlier Please Complete Applicable Sections on Right		Utilize Ex	xisting SA	
Name:						SA#:		
Title:				Select		HOA Area		
Phone:				PA NOT Resp. Public Auth	nority is Not			
Date:				Respo	Responsible Other Entity (Please Define)			
Signature:				Applicable	Please Complete Applicable Sections on Right			,