Outdoor Area Lighting Application and Contract Agreement Service Classification #7A (Rates F781, F782)



Reason for Application: New Installation						tdoor Area Light	ing Account	
Account Name:				nt Number:				
Doing Business As: (If other than account name)				New Account Name:				
Number & Street:			(Change name request only) Town: ZIP:					
Service Address:								
Nearest Cross Street:			Description of Lighting Area (parking lot, front of building, etc.):					
Mailing Address:			Suite #: Town:			ZIP:		
Contact Name: Business			Phone:			Mobile Phone:		
Email Address:			Taxpayer ID Number:					
Tax Exempt Status (A Copy of Yo	·		•					
□ Taxal	ole	□ Tax	Exempt		Partia	al Tax Exemption		
Lamp Technology	Area Lighting Fixture Type		Lumens	Wattag	е	Lamp Color*	Quantity To Install	
Light Emitting Diode (LED)	Full Cut-Off		19,200	150		Warm White		
Light Emitting Diode (LED)	Full Cut-Off		32,000	250		Warm White		
Light Emitting Diode (LED)	Full Cut-Off		20,250	150		Cool White		
Light Emitting Diode (LED)	Full Cut-Off		33,750	250		Cool White		
High Pressure Sodium	Full Cut-Off		9,500	100				
The color temperature of a lamp relappearance and a cool white lamp with ADDITION TO THE MONTHLY PEPOWER AUTHORITY'S TARIFF FOR THE POWER SUPPLY CHARISHOREHAM PROPERTY TAX SECURITIZATION OFFSET CHARG	II have a more more more more for ELECTRIC S ARY CABLE ANI GE, INCREASES ETTLEMENT R	odern, o , ADDIT SERVIC D POLE S IN RA IDER,	clean, bright TIONAL RACE APPLY ES. SUCH TTES AND THE NE	nt appearan TES & CHA AND INCI RATES ANI CHARGES W YORK	ce. ARGES LUDE D CHA S TO R STATI	SET FORTH IN A MONTHLY CIRGES SHALL AL	THE LONG ISLAND HARGE FOR ANY SO BE ADJUSTED PAYMENTS, THE	
THE APPLICANT AGREES TO PAY SERVICE HEREIN REQUESTED BY AND CONDITIONS AS SET FORTAPPLICABLE LAWS. APPLICANT FLORSUANT TO SC NO. 7A, THE TECOMMENCEMENT OF SERVICE.	/ APPLICANT AI TH IN THE ELE JRTHER ACKNO	ND FUF ECTRIC WLEDO	RTHER AG TARIFF GES AND A	GREES TO AVAILABLE AGREES TH	COMP E AT I HAT FC	LY WITH THE A PSEGLINY.COM OR ALL NEW FIXT	PPLICABLE TERM AND ANY OTHE FURES INSTALLE	
Please note: The monthly fe	ee will vary as the	numbe	er of burnin	g hours (ligi	ht is op	erating) will vary	per month.	
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT			DATE	Submit application and docu DATE Email: LightSolutionsLI@pseg.com				
PRINT NAME AND TITLE SIGNATURE OF PSEG LONG ISLAND REPRESENTATIVE			DATE		OR <i>Mail:</i> PSEG Long Island Light Solutions 175 E. Old Country Rd, EOB			
SIGNATURE OF FSEG LONG ISLAND	nlfresen i a IIVI	<u>L</u>	DATE			ville, NY 11801	i, LOB	
	- PLEASE DO	D NOT	WRITE II	V THIS AR	EA -			
ACCOUNT NUMBER:				CATEGO	RY COI	DE-	-	

PSEG Long Island LLC and its operating subsidiary have been appointed as agent by the Long Island Power Authority to provide the day-to-day management and operations services of its electric utility system. By providing a telephone number you are giving consent to be contacted at that number about matters that are closely related to the utility service.