

## **CUSTOMER-OWNED NON-METERED STREETLIGHT CHANGE REQUEST**

|   | g y  |                |       |      |         |          |               |    |
|---|--|----------------|-------|------|---------|----------|---------------|----|
| Account Name  |  | Account Number |       |      |         |          | Date of Chang | је |
| Account Address   |  |                | City  |      |         | State    | Zip           |    |
|   |  |                |       |      |         |          |               |    |
| LAMP TYPE *   |  |                | QUANT | ITY  | WATTAGE | RI       | ADD           |    |
| Example:  | High Pressure Sodium                             |                | 10    |      | 150     |          | 10            |    |
|   | LED  |                | 10    |      | 113     |          |               | 10 |
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| * High pressure s   | odium, metal halide, mercury vapor, LED, incande | escent         |       |      |         | <u> </u> | <u>'</u>      |    |
| If you are changing fixtures or wattage on your current system without adding additional fixtures and/or poles,   |  |                |       |      |         |          |               |    |
| it can remain non-metered. If you are adding additional fixtures and/or poles, it must become a metered system.  Contact Alliant Energy at 1-866-255-4268 (press option 2, twice) for assistance. |  |                |       |      |         |          |               |    |
| MAP / SKETCH  |  |                |       |      |         |          |               |    |
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| DESCRIPTION / COMMENTS  |  |                |       |      |         |          |               |    |
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|   |  |                |       |      |         |          |               |    |
| Signature of Person Requesting Change   |  |                | Date  |      |         |          |               |    |
| •   |  |                |       |      |         |          |               |    |
| Printed Name  |  | Phone No.      | E     | mail |         |          |               |    |
|   |  | 17             |       |      |         |          |               |    |