

STREET LIGHT CONVERSION PROGRAM APPLICATION

ELECTRIC UTILITY CONTACT INFORMATION		FOR OFFICE USE ONLY	
Consumers Energy Statewide Street Light Department 2500 E Cork St Kalamazoo, MI 49001 (800) 805-0490 E-mail: street_light@cmsenergy.com		Date Received	
		SAP Notification Number	
CUSTOMER / ACCOUNT INFORMATION <small>Electric Utility Customer Information (As shown on utility bill)</small>			
Customer Name		Customer Mailing Address	
Customer Phone Number ()		Customer E-mail Address (Optional)	
Street Light Service Account Number		Contact Person	
CUSTOMER STREET LIGHT PLANNING INFORMATION			
<input type="checkbox"/> Option 1 (When MV fail replace with HPS, lowest cost option) <input type="checkbox"/> Option 2 (Arrange a meeting to develop a Street Light Plan)			
CUSTOMER SIGNATURE			
<p>I understand that submitting an application will place me on a waiting list to begin development of a Street Light Plan.</p> <p><i>Sign and Return Completed Application to the Statewide Street Light Department.</i></p> <p>Customer Signature _____ Date _____</p>			