

**INFORMATION NEEDED FOR DUSK TO DAWN LIGHTING AGREEMENT**  
For informational purposes only

**Check one:**     **SRP owned, maintained and installed**

**Customer owned, maintained and installed**

**Project Name/Number:** \_\_\_\_\_

Contract Legal Name: \_\_\_\_\_  
(Must be INC or LLC)

Billing Name: (mgmt co :) \_\_\_\_\_

Billing Address: \_\_\_\_\_

Print name of Authorized Signer \_\_\_\_\_

Signer's title: \_\_\_\_\_ Phone #: \_\_\_\_\_

**If SRP Lights:**

Style of Lights: \_\_\_\_\_ Number of Lights: \_\_\_\_\_

Height of Lights: \_\_\_\_\_ Lumen/Wattage: \_\_\_\_\_

**If Customer Lights:**

Number of lights: \_\_\_\_\_ Lumen/Wattage: \_\_\_\_\_

Name/phone number of person giving info: \_\_\_\_\_

Fax number: \_\_\_\_\_

Any additional information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_