

Application for Security Lighting

Caribbean Utilities Company, Ltd. Customer Service Department P.O. Box 38, Grand Cayman KY1-1101 Tel: (345) 949-5200, Fax: (345) 945-1218 E-mail: service@cuc.ky, Website: www.cuc-cayman.com

	te:	
	me: count Number:	
As a customer of Caribbean Utilities Company, Ltd. [CUC] with an accomply in the contract plus a disconnection of the security lighting service, which shall include supply, installation, operation and maintenance of Light-Emitting Dioc [LED] luminaire light[s] and High Pressure Sodium [HPS] as indicated this form. Inconnection therewith, I agree to the following terms and conditions: 1. The monthly rental fee shall be in accordance with the schedule rates determined by CUC and which, from time to time, may be adjusted as determined by CUC. 2. The provision of the security lighting service is subject to there be suitable pole(s) 120-volt supply availability. 3. The term for such security lighting shall be a minimum term of 1 months commencing from the date of installation. It is agreed the should CUC terminate the service during the term for non-paymes shall be liable to CUC for all unpaid amounts remaining in the term the contract plus a disconnection fee. I hereby authorise and directly cut to transfer any outstanding amounts, as a result of said disconnection of the security lighting service, to any active account and removal of the light(s) at its sole discretion.		137 Watt LED @ \$ =
5.	It is agreed that any payments by the customers to CUC for the security lighting service shall not entitle the customer to the ownership of the whole or any part of the security lighting installation, and that CUC shall remain the owner of the security lighting installation.	Total Cost for Lights: Please Note: Rates will vary quarterly based on changing fuel prices.
Cus	stomer's Name: CUC Representat	ive Name:
Cus	stomer's Signature: CUC Representat	ive Signature:
Dat	te: Date:	

Enquiry Number:		Date:			
Customer's Name:		Account Number:			
Street Address:		Pole Number:			
Block:	Parcel:	Postal Address:			
Telephone: Work:	Home:	Cellular:			
☐ Install/change security light ☐ Face light to house/road					
Primary E-mail:		Secondary E-mail:			
Planning:					
Standard fitting: Yes No					
If no: 1] Attach estimate letter 2] Letter sent to applicant on [o		[date]: 3] Payment made: \square Yes \square No			
Comments:					
Estimator:		Date:			
Stores:					
Issued by:		Date:			
Line Department:					
Pole Number:		Or nearest main line pole:			
Light Number:		Feeder:			
Installed by:		Date:			
Customer Service Departme	ent:				
Account Number:		Date billed/changed:			
Name of Customer Service Representative:					
Signature of Customer Service Representative:					
Data Entry:					
Entered by:					
Date:					