

**Thief River Falls Municipal Utilities
Street Light/Security Light Action Form**

Date _____

Name _____ Phone No. _____

Address _____

I am interested in a security light installation. Please contact me.

Street Light out
Street Light pole number _____

Address closest to pole _____

I want to Adopt-A-Light
Street Light pole number _____

Turn light on \$2.00/mo.

Turn light off

Comments _____

Return to:
Utilities Billing Office
PO Box 528
Thief River Falls, MN 56701

Office Use Only Follow-up Contact _____
Date _____ By _____