

**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_____