



Address:	Drawing No:	Revisions	 	Lighting Schedule: (als/sls/sir):	Work Request	Svc Coord.	Sheet 1 of 1
	City/Town, State:			Account No.	Drawn Martin, David	Approved	
		Lighting Style:		Checked	Date 1/7/2015		
Contact:				Lighting Pole Type:	Operating Center	Scale 1 in = 50 ft	