



Ohio Edison • The Illuminating Company • Toledo Edison
 Met-Ed • Penelec • Penn Power • Jersey Central Power & Light
 West Penn Power • Mon Power • Potomac Edison

STREET LIGHT PROBLEM REPORT

Please report via one method only (online, fax, or phone)



ONLINE REPORTING	<p>To report a streetlight problem online, please follow these steps:</p> <ol style="list-style-type: none"> 1. Go to www.firstenergycorp.com 2. Select your electric company from the "Electric Companies" dropdown menu. 3. Go to Service Requests. 4. Select "Report Lighting Problem" from the dropdown menu.
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FAX REPORTING	Please check which state <u>and</u> utility this applies to:		
	FAX 1-877-289-3674	FAX 1-877-289-3674	FAX 1-877-289-3674
	<input type="checkbox"/> Pennsylvania <input type="checkbox"/> Penelec <input type="checkbox"/> Penn Power <input type="checkbox"/> Met-Ed <input type="checkbox"/> West Penn Power <input type="checkbox"/> New Jersey <input type="checkbox"/> Jersey Central Power & Light	<input type="checkbox"/> Ohio <input type="checkbox"/> The Illuminating Company <input type="checkbox"/> Ohio Edison <input type="checkbox"/> Toledo Edison	<input type="checkbox"/> Maryland <input type="checkbox"/> Potomac Edison <input type="checkbox"/> West Virginia <input type="checkbox"/> Potomac Edison <input type="checkbox"/> Mon Power

PHONE REPORTING	<ol style="list-style-type: none"> 1. Call 1-888-544-4877 during normal business hours. 2. For type of outage, respond "Street Light Problem". 3. When asked for phone number, respond "I don't have it". 4. When asked if account number is available, respond "no". 5. These responses typically route the call to a representative.
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Street Light Problem Report

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NAME	PHONE NUMBER	FAX NUMBER
COUNTY	MUNICIPALITY	DATE

NEAREST ADDRESS OF LIGHT (Pole Number / Cross Street)	Please Check Situation That Applies	FirstEnergy Use Only Notification Number
	<input type="checkbox"/> Lights Off <input type="checkbox"/> Continuous On <input type="checkbox"/> On/Off Lights <input type="checkbox"/> Other	
	<input type="checkbox"/> Lights Off <input type="checkbox"/> Continuous On <input type="checkbox"/> On/Off Lights <input type="checkbox"/> Other	
	<input type="checkbox"/> Lights Off <input type="checkbox"/> Continuous On <input type="checkbox"/> On/Off Lights <input type="checkbox"/> Other	
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	<input type="checkbox"/> Lights Off <input type="checkbox"/> Continuous On <input type="checkbox"/> On/Off Lights <input type="checkbox"/> Other	

FirstEnergy Use Only	
DATE	SAP NUMBER