

STREETLIGHT REPAIR REQUEST

Your Name: _____

Your Daytime Phone Number: _____

Your Email: _____

Closest Address to Streetlight: _____

Pole Number (if available): _____

Problem with Light (Select at Least 1):

- One light out
- More than three lights out in a row
- Light is dim
- Light is on during day
- Light turns on and off during night
- Damaged pole
- Exposed wires
- Trees blocking light
- Broken light fixture
- Other (please specify):
