

Please fill out in duplicate

**REQUEST FOR REPAIRS – STREET LIGHTS**

Reference# .....

Parish: .....

Community: \_\_\_\_\_

Parish Council Division: \_\_\_\_\_

Applicant/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

**Location of Defective Street Light(s)** *(include nearest landmarks)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Citizen/Customer Service Desk Representative

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

**Please proceed to effect immediate repairs.**

\_\_\_\_\_  
Signature - Local Authority

\_\_\_\_\_  
Date

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_