

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 _____
