**REQUEST FOR STREETLIGHT**

|  |  |
| --- | --- |
| Date of Request: |  |
| Name: |  |
| Address: |  |
| Phone Number: |  |
| E-mail address: |  |

1. Where should this streetlight be installed? (utility pole number or nearest fire number)

2. Where is the other nearest streetlight? (utility pole number or nearest fire number)

3. What is the reason a streetlight is needed?

**FOR OFFICIAL USE ONLY**

|  |  |
| --- | --- |
| Supervisor’s Decision:(you will be notified by mail) |  |
| Date: |  |

**If you are not satisfied with this decision, you may appeal it at the next township board meeting.**