

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 _____
