



# STREET LIGHT REQUEST

*(Effective 6-26-2001/Resolution 3451, the City of Hueytown will consider installation of street lights only at main intersections determined to be dangerous by the Public Works Committee in conjunction with the Street Superintendent and the Police Chief.)*

APPLICANT NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NO. (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

How long have you resided at the above address? \_\_\_\_\_ year/years \_\_\_\_\_ month/months

Do you live at the address for which you are requesting a street light? Yes \_\_\_\_\_ No \_\_\_\_\_

**ADDRESS FOR WHICH STREET LIGHT IS REQUESTED** (If different from your home address.)

\_\_\_\_\_  
(If there is no address at that location, you must specify the exact location.)

Is this located at an intersection? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you consider this to be a dangerous intersection? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this located in a subdivision? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for this request \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

## \* \* \* FOR OFFICE USE ONLY \* \* \*

This Street Light Request referred to: Street Superintendent and Police Chief

**RECOMMENDATION TO COUNCIL:** Approve \_\_\_\_\_ Deny \_\_\_\_\_

**Comment:** \_\_\_\_\_

Signed \_\_\_\_\_

**Street Superintendent**

\_\_\_\_\_  
**Date**

Signed \_\_\_\_\_

**Police Chief**

\_\_\_\_\_  
**Date**