



STREET LIGHT OUTAGE FAX FORM

SINGLE LOCATION FAX NUMBER (651) 229-2260

YOUR NAME

MAILING ADDRESS:

CITY OR COMMUNITY:

PHONE NUMBER: (IN THE EVENT WE NEED TO CONTACT YOU FOR MORE INFORMATION):

TYPE OF LIGHT:

TYPE OF LIGHT:	<input type="checkbox"/> Alley Light	<input type="checkbox"/> Night Watch	<input type="checkbox"/> Street Light
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PLEASE CHECK THE APPROPRIATE PROBLEM(S) YOU ARE REPORTING:

<input type="checkbox"/> Light is Out	<input type="checkbox"/> Light is Dim	<input type="checkbox"/> Pole is Leaning	<input type="checkbox"/> Globe on Light is Broken
<input type="checkbox"/> Light is On & Off	<input type="checkbox"/> Light is on Days	<input type="checkbox"/> Pole is Broken	<input type="checkbox"/> Globe on Light is Hanging

DESCRIBE THE LOCATION:

WHAT STREET IS THE LIGHT ON? PLEASE INDICATE THE NEAREST HOUSE NUMBER:

IS THERE A DIRECTION TO THE STREET NAME? (I.E. WEST 7TH OR EAST 7TH):

WHAT IS THE NEAREST CROSS STREET?

Light Location:	<input type="checkbox"/> Corner	<input type="checkbox"/> Midblock	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Alley
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IF THIS IS A CORNER LIGHT, WHICH CORNER IS IT LOCATED ON? (I.E. NW,SE, NE, SW)

ADDITIONAL COMMENTS: