

CITY OF LATROBE

STREET LIGHTING REQUEST

REQUEST FOR INSTALLATION OF STREET LIGHT

A. LOCATION INFORMATION

STREET NAME: _____

CLOSEST INTERSECTING STREET: _____

CLOSEST STREET/MAILING ADDRESS: _____

* ALLEGHENY POWER TAG NUMBER ON POLE: _____

* USUALLY LOCATED APPROXIMATELY 5 FEET UP; 2-1/2" COPPER OR ALUMINUM DISC CONTAINING ALLEGHENY POWER AND THE NUMBER.

B. APPLICANT INFORMATION

NAME OF PERSON MAKING REQUEST: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

REASON FOR REQUEST: _____

DATE OF REQUEST: _____

SIGNATURE: _____

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FOR DEPARTMENT USE ONLY

CHIEF OF POLICE DISPOSITION: _____

COUNCIL DISPOSITION: _____

DATE OF COUNCIL ACTION: _____

DATE INFORMATION SENT TO ALLEGHENY POWER: _____