

SL# 20__ - ____



Town of Wasaga Beach Streetlight Request Application

Application Date: _____

Description of Location/Nearest Intersection of Requested Streetlight(s):

Requested by:

Name: _____

Address: _____

Home Phone # _____ Work Phone # _____

Why is a streetlight requested at this location?

OFFICE USE ONLY

Approved / Denied By: _____ Date: _____

Date Installed: _____ GPS/GIS Record Date: _____

Other: _____

PLEASE MAIL, FAX OR DROP OFF THIS APPLICATION TO:

**Town of Wasaga Beach
30 Lewis Street
Wasaga Beach, ON L9Z 1A1
Fax # 705-429-8226**

Attachment: Town of Wasaga Beach Streetlight Installation Policy