



SL# _____ - _____

Town of Wasaga Beach Streetlight Request Application

Application Date: _____

Location of Requested Streetlight:

Nearest intersection:

Pole number (if known): _____

Requested by:

Name:

Address: _____

Home Phone # _____ Work Phone # _____

Why is a streetlight requested at this location?

PLEASE EMAIL, MAIL OR DROP OFF THIS APPLICATION TO:

**PublicWorks@wasagabeach.com
Town of Wasaga Beach
30 Lewis St
Wasaga Beach, ON L9Z 1A1**

Attachment: Town of Wasaga Beach Streetlight Installation Policy