



Street Light Request Application

Name: _____

Physical Address: _____

Phone: _____

Email: _____

How close is the nearest light? _____

Is there a pole in the vicinity to place the light on? Yes No

Explain the reason for requesting a street light at this location. (Please list reasons other than "its dark". Ex: Wooded area? Elderly? Crime? Children?)

Signature: _____ Date: _____

Please return completed application to the City Clerk's office. The City Council will consider the request and you will be notified once a determination has been made. Please allow 2 -3 weeks to process the application.

Deliver: 116 West Main Street, Albertville, AL 35950

Mail: PO Box 1248, Albertville, AL 35950

Fax: 256-891-8299

Email: cityclerk@cityofalbertville.com