

STREET LIGHT REQUEST FORM

Lafourche Parish Government

*****Attn: Utility Department

P.O. Box 425, Mathews, LA 70375 Ph # 1-800-794-3160 Fax # 985-532-8155

DATE: _____

Request # _____
(For office use only)

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

COUNCIL MEMBER NAME: _____ DIST. # _____

A) UTILITY COMPANY NAME: _____ (Entergy or SLECA)

B) EXACT LOCATION OF STREET LIGHT REQUESTED:

C) REQUEST IS TO: *(Please check one below)*

INSTALL		RE-ENERGIZE	
REMOVE LIGHT		CHECK LIGHT FOR REPAIRS	
MOVE LIGHT TO ANOTHER LOCATION		CHANGE BILLING FROM INDIVIDUAL TO PARISH BILLING	
<i>Move From</i>	<i>Move To</i>	<i>Name on Account</i>	<i>Account Number</i>

D) REASON FOR REQUEST: *(Please check all that apply below)*

ELDERLY RESIDENT IN AREA (15)		HANDICAPPED OR DISABLED RESIDENT IN AREA (15) <i>(PLEASE INDICATE THE TYPE OF HANDICAP BELOW)</i>	
DANGEROUS CURVE AT LOCATION (10)		SCHOOL BUS STOP (10)	
HAZARDOUS CONDITION IN AREA; SAFETY AND SECURITY OF AREA RESIDENTS (10)		INTERSECTION OF PARISH STREET WHERE STOP SIGN LOCATED (10)	
BED RIDDEN RESIDENT OR RESIDENT WITH HEALTH CONDITION <i>(PLEASE INDICATE TYPE OF HEALTH CONDITION BELOW)</i>		MAJOR DANGEROUS INTERSECTIONS OR PARISH BRIDGE (10)	
<i>TYPE OF HEALTH CONDITION:</i>	<i>HANDICAP OR DISABILITY</i>	<i>OTHER</i>	

SIGNATURE