



Street Light Outage Fax Form - Single Location
 Fax Number (651) 229-2260

Your Name:	
Mailing Address:	
City or Community:	
Phone Number (In the event we need to contact you for more information):	

Type of Light:	<input type="radio"/> Alley Light	<input type="radio"/> Night Watch	<input type="radio"/> Street Light
----------------	-----------------------------------	-----------------------------------	------------------------------------

Please check the appropriate problem(s) you are reporting:

<input type="radio"/> Light is out	<input type="radio"/> Light is dim	<input type="radio"/> Pole is leaning	<input type="radio"/> Globe on light is broken
<input type="radio"/> Light is on & off	<input type="radio"/> Light is on days	<input type="radio"/> Pole is broken	<input type="radio"/> Globe on light is hanging

Describe the location:

What street is the light on? Please indicate the nearest house number.				
Is there a direction to the street name? (i.e. West 7 th or East 7 th)				
What is the nearest cross street?				
Light Location:	<input type="radio"/> Corner	<input type="radio"/> Mid-block	<input type="radio"/> Parking Lot	<input type="radio"/> Alley
If this is a corner light, which corner is it located on? (i.e. NW,SE, NE, SW)				

Additional Comments: