

TOWN OF WEST SPRINGFIELD STREET LIGHTING APPLICATION REQUEST

All requests subject to funding

Date: _____

Applicant Name: _____

Applicant Signature: _____

Applicant Address: _____

Phone: _____ Email: _____

Location of Proposed Street Lighting: _____

Reason for Request:

*Each application must be signed by the applicant and **ALL** adjoining property owners affected by the lighting (SEE REVERSE)*

See Assessors office to attain an Abutters List for adjoining property owners WHICH MUST BE ATTACHED TO THIS DOCUMENT

Office use only	
Director of Central Maintenance – GRANTED/REFUSED	Mayor – GRANTED/REFUSED
Comments:	

RECOMMENDED TO EVERSOURCE:	YES/NO	DATE:
APPROVED BY EVERSOURCE:	YES/NO	DATE:

CONDITIONS IF APPLICABLE:

See Reverse for Abutters Information

Adjoining Property Owners

For proposed street lighting at:

Adjoining Property Address: _____

Signature of Adjoining Property Owner: _____

Printed Name of Property Owner: _____ Date: _____

- Agree with proposed street lighting - Disagree with proposed street lighting

Adjoining Property Address: _____

Signature of Adjoining Property Owner: _____

Printed Name of Property Owner: _____ Date: _____

- Agree with proposed street lighting - Disagree with proposed street lighting

Adjoining Property Address: _____

Signature of Adjoining Property Owner: _____

Printed Name of Property Owner: _____ Date: _____

- Agree with proposed street lighting - Disagree with proposed street lighting

Adjoining Property Address: _____

Signature of Adjoining Property Owner: _____

Printed Name of Property Owner: _____ Date: _____

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- Agree with proposed street lighting - Disagree with proposed street lighting

Adjoining Property Address: _____

Signature of Adjoining Property Owner: _____

Printed Name of Property Owner: _____ Date: _____

- Agree with proposed street lighting - Disagree with proposed street lighting
