



DATE

APPLICATION FOR STREET LIGHT

TOWN OF AMHERST
POST OFFICE BOX 280
AMHERST, VIRGINIA 24521
(434) 946-7885

APPLICANT _____ POLE # _____

ADDRESS _____ LOCATION _____
(Street Address)

CITY _____

TELEPHONE NO. _____ **FORWARD COMPLETED APPLICATION TO THE TOWN HALL.**

STATEMENT BY APPLICANT: *Please justify the need for street lighting*

SELF-CERTIFIED PETITION

The names of all individuals and businesses occupying buildings within 300 feet of the location of the light in question are listed below . Their signatures indicate that they are aware of this request and support same. Petitioners are not required to identify more than one resident per household.

PRINTED NAME	ADDRESS	SIGNED	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the information provided on this page is accurate.

Signed: _____
Petitioner