VILLAGE OF DEPEW
STREET LIGHT COMPLAINT FORM
(OUTAGES AND/OR PROBLEMS)

DATE: ____________________________

NAME: ______________________________
First ____________________________
Last ______________________________

ADDRESS: ________________________________

PHONE: (home/cell) ________________________________

* STREET ADDRESS NEAREST TO POLE: ________________________________
No. ____________________________ Street Name ____________________________

* NEAREST CROSS STREET: ________________________________

* LOCATION OF POLE: (e.g. 2 poles from the intersection of Main Street & Maple Ave.)

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IDENTIFYING LANDMARKS: (e.g. ribbon or tape tied around pole)

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* WOODEN OR METAL POLE: ☐ Wooden ☐ Metal

* STREETLIGHT PROBLEM: ☐ Off ☐ Always on ☐ Flickering
☐ Cycling On and Off ☐ Other (describe problem)

* IS LIGHT ON A PUBLIC STREET? ☐ Yes ☐ No

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TO BE COMPLETED BY VILLAGE ELECTRICIAN FOR VILLAGE OWNED POLES

POLE NUMBER/INFO: ________________________________

NOTES: ________________________________

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☐ SUBMITTED ONLINE TO NYSEG DATE: ____________________________
BY: ____________________________

VILLAGE ELECTRICIAN: ____________________________
George M. DelConte III