



# Additional Lighting Request Form

Project Information				
District name and number: _____	Date of lighting request: _____			
Enter the location/closest address: _____ _____				
Note: <i>If no address, please tell us the name of the street and which side the light is on (E, W, N or S).</i>				
Reason for Request: (Please select one of the following: <input type="checkbox"/> Crime <input type="checkbox"/> Illegal dumping <input type="checkbox"/> Too Dark <input type="checkbox"/> Other _____				
Additional Comments: _____ _____				
Is there an existing power pole where you would like the light?      ____ Yes      ____ No      ____ N/A				
Contact Information				
Name: _____				
Phone number: _____				
Email: _____				
Address: _____				
City: _____	State: _____	Zip Code: _____		
<input type="checkbox"/> Resident	<input type="checkbox"/> Developer	<input type="checkbox"/> Association	<input type="checkbox"/> Elected Official Office	<input type="checkbox"/> Other: _____
Enter any additional comments below: _____ _____ _____				

If you have any questions or need additional assistance, please contact Miami Dade County Special Assessment Districts Division at: 305-375-2702 or Email at: [STDP@MiamiDade.gov](mailto:STDP@MiamiDade.gov).