

# APPLICATION FOR STREET LIGHT SHIELD



Applicant Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

.....

I/We \_\_\_\_\_

(the applicant)

Hereby make application to the City of Playford ("the Council") to install a street light shield at:

\_\_\_\_\_  
(description of location where street light is located)

.....

Once assessed, the applicant will be notified in writing of the outcome and price to install the shield. Payment details for the street light shield installation will be included in the approval letter.

Once payment is made in full the shield will be ordered, the installation may take up to 3 months from confirmation of order.

### **Applicant Please Note**

The City of Playford will not be held liable or responsible for any damage or misplacement of the shield.

Council reserves the right to refuse an application.

Please return to: [playford@playford.sa.gov.au](mailto:playford@playford.sa.gov.au)