

Town of Bristol
Street Light Repair Request

Date Submitted: _____

Reported By: _____ Contact Info: _____

Street Name / Area Located: _____

Nearest House # (if known): _____ Pole Number (if known): _____ / _____

Nearest Cross Street: _____

Nearest Business (if applicable): _____

Problem Type Being Reported

Dim Light

Flickering / Cycling On and Off

Lens Damaged or Hanging Light on Continuously

Light Out

Vandalism

FOR OFFICE USE ONLY

Date Reported to Eversource: _____ Time Reported: _____

CONFIRMATION #: _____

Date Confirmed Repaired: _____