

REQUEST FORM

INSTALLATION OF A DIRECTIONAL SIGN

(IN ACCORDANCE WITH THE LIGHT REGIONAL COUNCIL SIGNPOSTING STRATEGY AND GUIDELINES)

DESCRIPTION

(Proposed wording for the sign)

**APPLICANT NAME & LIGHT
REGIONAL COUNCIL RATES
ASSESSMENT NO:**

POSTAL ADDRESS

(Account to be sent to)

BUSINESS ADDRESS

(Road/Street)

**BUSINESS HOURS OF
OPERATION**

PHONE NUMBER

EMAIL

LOCATION PLAN

(Street and site where sign is to be installed. Attach separate plans if required)

EXISTING POST:

.....
Signature

.....
Date

Office Use Only

Operations Manager Approved **YES / NO** Date/...../.....

Sign Type **D/S S/S**

Cost Calculation Attached ☐

Applicant Advised of Cost/...../..... Applicant Approved Cost/...../.....

Invoice Sent/...../..... Invoice Paid/...../.....

Sign Ordered/...../..... Sign Installed/...../.....