***TOWN OF*** ***ROCKPORT***

# BOARD OF SELECTMEN

TOWN OFFICE BUILDING, 34 BROADWAY, ROCKPORT, MA 01966-1537

## NEIGHBOR NOTIFICATION CHECKLIST

## STREET LIGHT INSTALLATION

Name of Applicant_____

Address of Applicant_____

Date of Request _____ Tele. Number_____

Location of Request_____

This form must be signed by all abutters of the requested location for the street light installation.

Signatures and Addresses of Abutters (Abutters to Abutters):

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