

Light and Visual Pollution Grievance Form

Please print this form, fill out the required information, and submit it to the local environmental health or planning department.

1. Affected Party Information (Complainant)

Full Name:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

2. Source of the Pollution

Address or Location of the Source:

Name of Business or Property Owner (if known):

3. Type of Pollution

Please type "YES" next to all that apply:

Light Pollution (e.g., streetlights, floodlights, security lights, glare, light trespass):

Visual Pollution (e.g., billboards, excessive signage, cluttered overhead wires, trash):

4. Details of the Grievance

Describe the light or visual pollution (source, direction, intensity, appearance):

Date and time when the pollution first started:

Specific times of day or night when the pollution is most disruptive:

Describe the impact of this pollution (e.g., loss of sleep, blocked view, safety hazard):

Have you contacted the property owner regarding this issue? (Yes / No):

If yes, please describe their response:

5. Declaration and Signature

I hereby certify that the information provided in this grievance form is true and accurate to the best of my knowledge.

Print Name:

Signature:

Date (MM/DD/YYYY):