Lighting nuisance



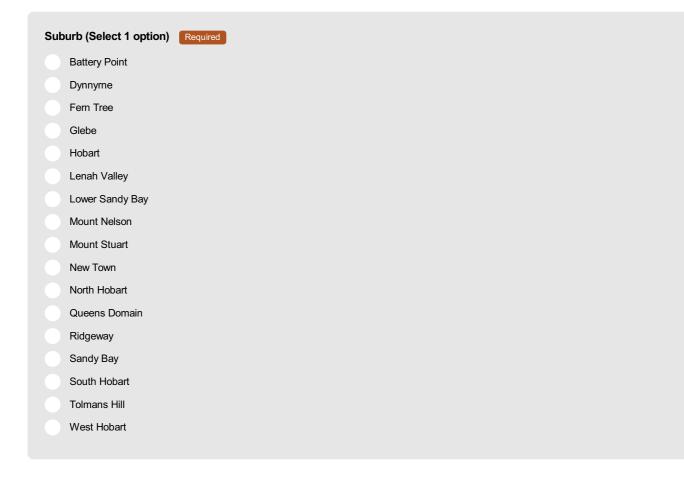
When to use this form

Use this form when you would like to report a lighting nuisance that is causing you concern.

For further information please visit our website.

Location of nuisance

Unit/street number (or name of location e.g. Princes Park) Required	
Street name Required	



If the suburb you need does not appear in the list above that may mean the location is not within the Hobart municipal area. Refer to the localities listing to see what Council you need to report the issue to.

Lighting nuisance details
How does the light affect you? Required
When does it affect you? Required (provide any specific dates if possible)
Have you taken any steps to try and resolve the issue? (Select 1 option) Required Yes No
Complete this field if you selected 'Yes' in Lighting nuisance details: Have you taken any steps to try and resolve the issue?
Complete this field if you selected 'Yes' in <i>Lighting nuisance details: Have you taken any steps to try and resolve the issue?</i> What steps have you taken? Required
What steps have you taken? Required
What steps have you taken? Required What type of building is generating light? (Select 1 or more options) Required
What steps have you taken? Required What type of building is generating light? (Select 1 or more options) Required commercial
What steps have you taken? Required What type of building is generating light? (Select 1 or more options) Required commercial residential

Cor	nplete this field if you made a selection that includes 'other' in Lighting nuisance details: What type of building is generating light?
Pleas	se provide detail Required
	aspect of the light is causing the problem? (Select 1 or more options) Required
	Ricker or flashing
	brightness or intensity
	direction/orientation/position
	reflectance or glare
Vhat	time of day is the light most noticeable? (Select 1 or more options) Required
	midnight - 6am
(6am - 8am
1	Bam - 10am
	10am - 5pm
4	5pm - 8pm
1	Bpm - 10pm
	10pm - midnight
low	long does the light last? (Select 1 or more options) Required
	1 - 15 minutes
	15 - 60 minutes
	1 hour - 3 hours
;	3 hours - 5 hours
4	5 hours or more
low	often does the light occur? (Select 1 or more options) Required
(daily
	weekly
	monthly
	every couple of months

Where can you see the light from? (Select 1 or more options)	Required
office	
bedroom	
kitchen	
bathroom	
lounge room	

Personal details

First name Required
Last name Required
Email address
Telephone number Required
Address Required
(type your address below or select the 'use my current location' button)

How would you prefer to be contacted? (Select 1 option)	Required
email	
telephone	
Australia Post	
no response necessary	

For information on how Council manages, handles and protects personal information it collects please refer to the Privacy Statement and Policy.

End of form