

When to use this form

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

Location of concern	
Unit/Street number	
Street Name	
Suburb	

Details of concern

How does the light affect you? Required			
Have you taken any steps to resolve the issue yourself? Required	YES		NO
Complete this field if you selected 'yes' above.			
What steps did you take: Required			
What type of building is generating light? (Select 1 or more options) Required			
Commercial		Industrial	
Residential		Infrastructure – roads (street lighting)	
Other			
Please provide detail (complete this field if you selected 'other' above) Required			

What aspect of the light is causing the problem? (Select 1 or more options) Required			
Flicker or flashing		Brightness or intensity	
Direction/orientation/position		Reflectance or glare	

What time of day is the light most noticeable? (Select 1 or more options) Required			
Midnight – 6am		6am – 8am	
8am – 10am		10am – 5pm	
5pm – 8pm		8 pm – 10pm	
10pm – midnight			

How 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	
5 hours or more			

How often does the light occur? (Select 1 or more options) Required			
Daily		Weekly	
Monthly		Every couple of months	
Less than once per 3 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	
Preferred contact method (Select 1 option) Required	
Email	
Telephone	
Australia Post	
No response necessary	

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