

Hanging Basket Request Form

Please complete and return this form to:

Customer Service Centre (HTWM), Leicestershire County Council, County Hall,
Glenfield, Leicestershire LE3 8ST.

Please ensure copies of relevant insurance certificates are enclosed and sent
with this form.

Applicant Details

Name _____

Address _____

Town/City _____ County _____

Postcode _____

Telephone Number _____ Fax Number _____

Email Address _____

Location of Works

Town or Village Name

Please list - Road or Street name(s), Street Light Number and the quantity of baskets to be
attached to each street light. E.g. Nottingham Road, S/L 25, 2 baskets

Road/Street Name	Street Light Number	Baskets per Street Light
<i>e.g. Nottingham Road</i>	<i>S/L 25</i>	<i>2</i>

Additional Information

Do You Have Public Liability Insurance?
(please ensure to attach certificate to form)

Yes No