



# Light Up Our Neighborhood Program Application

**CITY OF OAK FOREST**

*Growing Families,  
Building a Community.*

15440 South Central Avenue Oak Forest, Illinois 60452-2195  
708.687.4050 x1041 • Fax 708.687.1179 • www.oak-forest.org

**PROGRAM INCENTIVES AND REQUIREMENTS:**

- A. The objective of the Light Up Our Neighborhood Program is to increase the night time visibility in the neighborhood in order to discourage crime in areas where lighting would be beneficial.
- B. Reimbursement of half or up to \$100 for restoration, replacement or new installation of light post.
- C. Building Permit Fee waived.
- D. Become an active member of the Neighborhood Watch Program.
- E. Attach light post picture and details. **\*\*Photo cell required\*\***
- F. Attach invoice.

**OWNER INFORMATION**

**OWNER'S NAME**

**PHONE**

**ADDRESS**

**PIN#** \_\_\_\_\_ - 0000

**LOT**

**BLOCK**

**SUBDIVISON**

**BREMEN TOWNSHIP**

**TOTAL COST \$** \_\_\_\_\_ **\*SEE ATTACHED INVOICE\***

**DESCRIPTION OF WORK TO BE DONE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby certify that I am the owner or duly authorized agent of the owner for the purposes of this application. I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect, the permit or approval may be revoked. I also understand that all work shall be completed in compliance with the City of Oak Forest Codes and Ordinances and the statues of the State of Illinois.*

*Applicant Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Building Official* \_\_\_\_\_ *Date* \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATIONS  
TO THE BUILDING DEPARTMENT**