

## **Street Lighting Feedback Form**

1. Please indic	ate if you are:	☐ Property own	er 🗆	Tenant	☐ Other	
2. Please indic	ate how often vo	u use the road fo	r the following	g activities at n	ight?	
Times per we	-		e or twice			
Walking Cycling Driving (car o Other	r motorbike)					
3. When you go out at night, do you feel safe along your street with the new lighting?						
Safer with new	lights at any time lights but only be lights after midni ghts	efore midnight				
4. How do you	rate the level of	lighting provided	by the new lic	ghts?		
☐ Too much	☐ Not enoug	jh □ A	bout right	□ Do	n't know	
5. Is the colou	r of the new lighti	ng in your road a	cceptable?			
□Yes	□ No	My preference	is:		_	
•	rate glare (brigh n the new lights?	tness of light) or	spill light (ligh	t falling into un	wanted	
Too much Not enough About right	Glar	е	Spill ligh □ □	t		
7. Do you have	e exterior security	y lighting attached	d to your hous	se or garage?		
☐ Yes ☐ No (This question rela			-	<u> </u>		
8. If you answ new road lig	•	stion 7, would you	ı still use the	security lights	with the	
☐ Use more	□ Use	less 🗆	Not at all	□ Dor	't know	

Any other comments you have about the road lighting in your street:
Thank you for taking the time to respond
Please return the completed questionnaire to: Waitaki District Council, Private Bag 50058, Oamaru 9444 Attn: Mr Ting Ge or email to tge@waitaki.govt.nz.
Name (optional):
Address (optional):

If you have any queries about the road lighting trial project or this questionnaire, contact Roading Network Engineer Ting Ge on 03 4330300 or tge@waitaki.govt.nz.

Phone number for contacting you (optional):\_