

# Lighting nuisance



City of HOBART

## 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

Suburb (Select 1 option) Required

- Battery Point
- Dynnyme
- Fern Tree
- Glebe
- Hobart
- Lenah Valley
- Lower Sandy Bay
- Mount Nelson
- Mount Stuart
- New Town
- North Hobart
- Queens Domain
- Ridgeway
- Sandy Bay
- South Hobart
- Tolmans Hill
- West Hobart

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.

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## 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?*

What steps have you taken? Required

What type of building is generating light? (Select 1 or more options) Required

- commercial
- residential
- industrial
- infrastructure - roads (street lighting)
- other

Complete this field if you made a selection that includes 'other' in *Lighting nuisance details: What type of building is generating light?*

Please provide detail 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
- 8pm - 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

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## 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](#).

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*End of form*