

STREET NAME REQUEST

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

CITY _____ TELEPHONE _____

PRESENT NAME OF STREET _____

LOCATION OF STREET (LIST CLOSEST CROSS STREETS AT THE PROPOSED LIMITS)

PROPOSED NAME OF STREET _____

REASON FOR REQUEST _____

REQUEST (Check One)

- 1. _____ Street name change: existing name is _____
- 2. _____ New street name on existing unnamed street
- 3. _____ Private street and/or private access way
- 4. _____ Street name correction to recorded map prior to sale of lots

NOTE: Please see the STREET NAME PROCEDURE for the list of items required to be submitted with this application.

FOR OFFICIAL USE ONLY

DECISION OF THE COUNTY SURVEYOR/BUILDING OFFICIAL

Approved: _____ Date: _____

Denied: _____ Date: _____

Effective Date of Name Change: _____

Comments: _____
