

PRELIMINARY STREET NAME REQUEST

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

CITY _____ TELEPHONE _____

PRESENT NAME OF STREET _____

LOCATION OF STREET (LIST CLOSEST CROSS STREETS AT THE BEGINNING AND END OF STREET)

PROPOSED NAME OF STREET _____

REASON FOR REQUEST _____

NOTE: Please mail a copy of this completed form to County Communications and an additional copy to the U.S. Post Office. Attach to each form a 500 scale map showing the entire length of the street for which the name change is requested and all property located within 300 feet of said street. Mail to:

COUNTY COMMUNICATIONS
2700 Carol Drive
San Jose, CA 95125-2096
Attn: Intelligence Unit
Telephone: 299-3152

U.S. POSTAL SERVICE
1750 Lundy Avenue
San Jose, CA 95101-9321
Attn: AIS/Schemes Clerk
Telephone: 723-6183

DO NO WRITE BELOW THIS LINE

FOR OFFICIAL USE ONLY

COUNTY COMMUNICATIONS CLEARANCE

U.S. POSTAL SERVICE CLEARANCE

Approved by: _____

Approved by: _____

Denied by: _____

Denied by: _____

Date: _____

Date: _____

Comments: _____

Comments: _____