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STREET NAME CHANGE

Jurisdiction: City _____ Councilmanic District County _____ Commission District

Date Filed: _____ Fee Paid: _____ File Number: _____

Map Number: _____ City County Sector: _____

Name of Applicant: _____

INFORMATION:

Present Street Name: _____

Proposed Street Name: _____

Location of Street or Portion of Street proposed for change:

Beginning of Change: (From) _____

End of Change: (To) _____

Reason for Proposed Change: _____

PLANNING COMMISSION POLICY REQUIRES THAT:

1. All affected property owners and tenants be given an opportunity to express their opinion concerning a street name change.
2. The opinions expressed be filed with and become a part of the application for change.

The Street Name Change Canvass Form (on the back of this form), must be completed before the application can be accepted.

ALL CORRESPONDENCE RELATING TO THIS APPLICATION SHOULD BE SENT TO:

Name: (Print) Address • City • State • Zip • Phone • Fax

AUTHORIZATION OF APPLICATION:

I hereby certify that I am the authorized applicant. ALL property owners and tenants affected by this request have been canvassed and have signed on the back of this form.

Signature: _____

Name: (Print) Address • City • State • Zip • Phone • Fax

APPLICATION ACCEPTED BY:

