





Application for Road Name Change

Applicant Information

Applicant information					
Name of Applicant:					
Applicant Phone Number:			Applicant Fax Number:		
Applicant Mailing Address	(Current):				
Applicant Email Address:					
Relationship of Applicant to Property:			☐ Tenan	nt 🗆 Lessee 🗀 Other	
Name of Authorized Agen	t (if applicable):			
Agent Phone Number:			Agent Fax Number:		
Agent Mailing Address:					
Agent Email:					
Road Information					
Current Road Name:					
Proposed Road Name:	First Choice:			Alternative:	
Signatures of all Property Owners Adjoining Road: Print			Signature		
Print			Signature		
Print			Signature		
Print			Signature		
Print	rint			Signature	
FOR USE BY STAFF – DC) NOT WRITE	HERE			
Existing Road Name:			Date Received:		
New Road Name:		Address Map Book Page Number:			
Approved By:		Date:			
Notes:					