ROAD NAME APPLICATION

Please complete this form in full. **Print legibly in ink or type.** Processing of your road name may be delayed if all required information is not provided.

Date: __________________________________________

Applicant Name: __________________________________________

Mailing Address: __________________________________________

______________________________________________________

Daytime Phone Number: ________________________________

Assessor’s Tax Account Number): __________________________

No similar sounding or duplication of existing road names within the County or City limits is allowed, so it is helpful to reference the phone book and/or County road log to eliminate duplicate names. Limit name to 13 letters for road sign.

1st Choice: ____________________________________________

2nd Choice: ____________________________________________

3rd Choice: ____________________________________________

4th Choice: ____________________________________________

5th Choice: ____________________________________________

6th Choice: ____________________________________________

**REQUIRED ATTACHMENTS:**

☐ Additional pages containing owner signatures, existing addresses, and assessor’s tax account numbers for each residence accessed by this easement.

☐ A parcel map (from the assessor’s office) showing the easement to be named, adjacent and intersecting roads, and driveways of each parcel using the easement road. Show any obvious landmarks and a North arrow.

When your road name is approved through our office, staff will contact Public Works to order and install your sign. **There is a fee for a road sign, due after the sign has been placed.**

Form 092/Road Name (Rev 08/13)