

# STREET NAME CHANGE FORM

Name of Applicant: \_\_\_\_\_

**Information:**

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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 : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Policy Requires That:**

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

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 :*

La Plata County Building Dept. 1060 E. 2nd Avenue, Durango, CO 81301

**Authorization of Application:**

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I hereby certify that I am the authorized applicant. All property owners affected by this request have been canvassed and have signed the form.

Signature \_\_\_\_\_

\_\_\_\_\_  
Name: (Print)                      Address                      City                      State                      Zip                      Phone/Fax

Application Accepted By: \_\_\_\_\_