



STREET NAME CHANGE FORM

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 : _____

Policy Requires That:

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 GIS Dept. 1060 E. 2nd Avenue #B30, Durango, CO

81301 Authorization of Application:

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 : _____