

GRANT COUNTY 911 ROAD NAME CHANGE REQUEST

FEE OF \$200.00 MUST BE SUBMITTED WITH FORM

MAKE CHECKS PAYABLE TO "GRANT COUNTY COMMISSION"

CURRENT ROAD NAME: _____

NUMBER OF PROPERTY OWNERS ON ROAD: _____

NUMBER OF PROPERTY OWNERS REQUESTING NAME CHANGE: _____

(PLEASE ATTACH A LIST OF NAMES AND PHONE NUMBERS OF ALL PROPERTY OWNERS ON THIS ROAD. IF A LIST IS NOT ATTACHED, REQUEST WILL NOT BE PROCESSED)

CONTACT PERSON (NAME, ADDRESS, & PHONE NUMBER):

REQUESTED ROAD NAMES: (IN ORDER OF PREFERENCE) (3 NAMES ARE REQUIRED)

1. _____

2. _____

3. _____

ADDRESSING OFFICE CONCURRENCE: _____

DATE: _____

OFFICE USE ONLY

FEE PAID () YES () NO CHECK #: _____ RECEIPT #: _____

CHANGED ON MAP BY: _____

DATE: _____