



**Development Department**

1000 Throckmorton St. - Fort Worth, Texas 76102 - Fax 817.392.7526

**STREET NAME CHANGE**

**Application Request to the City Council**

Rev: 5/18/04  
4/05/05

Applicant's Name (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Time Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email \_\_\_\_\_

Requested Street Name Change : *(Print)*

From : **(Present Name)** \_\_\_\_\_

To : **(Proposed Name)** \_\_\_\_\_

Location : Block No.(s) \_\_\_\_\_

End Points : **From** \_\_\_\_\_ **To** \_\_\_\_\_  
(Street) (Street)

Reason(s) For Street Name Change : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Requirements For Changing A Street Name.**

The applicant whose name and signature appears above, agrees, and shall be responsible, for all public costs incurred and associated with changing the street name. Such costs shall include but not be limited to new replacement name signs and appurtenances, labor costs, etc.

**City Policy Regarding Street Name Changes.**

By City Council Policy Resolution of 08/26/80, any application..... 'requesting to name any public facility after an individual must be accompanied by a biographical sketch of the individual for Council consideration and action, and the individual must be **deceased**'.

<i>Appl. Fee:</i>	<u>Received</u>	<u>Receipt No.</u>	<i>Case No.:</i>
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