



Planning and Development Department

1000 Throckmorton St. - Fort Worth, Texas 76102 - Phone 817-392-8027 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.

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>	<i>Received</i>	<i>Receipt No.</i>	<i>Case No.:</i>
\$700.00	By: _____ Date: _____	_____	SN-0 -

