

	CITY OF DE PERE APPLICATION FOR STREET NAME CHANGE	Fee: \$ 350.00 Receipt #: _____ Date: _____
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Read all instructions provided before completing. If additional space is needed, attach additional pages. Type or use black ink.

SECTION 1: Applicant / Permittee Information			
Applicant Name (Ind., Org. or Entity)	Authorized Representative	Title	
Mailing Address	City	State	ZIP Code
Email Address	Phone Number (incl. area code)	Fax Number (incl. area code)	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Name (Ind. Org. or Entity)	Contact Person	Title	
Mailing Address	City	State	ZIP Code
Email Address	Phone Number (incl. area code)	Fax Number (incl. area code)	
SECTION 3: Street Name Change			
Current Street Name: New Street Name:			
SECTION 4: Street Name Change Information			
Reason for Requesting Name Change:			
SECTION 5: Certification and Permission			
Certification: I hereby certify that I am the owner or authorized representative for this Application. I certify that the information contained in this form and attachments is true and accurate.			
Name of Owner/Authorized Representative (please print)	Title	Phone Number	
Signature of Applicant		Date Signed	

Maps and scaled drawings which help explain the request are strongly encouraged.