

# CITY OF MORRISTOWN

## Street Name Change Request Application

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**NAME OF APPLICANT:** \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TYPE: Residential: \_\_\_\_\_ Other: \_\_\_\_\_

**PRESENT STREET NAME:** \_\_\_\_\_

**REASON FOR PROPOSED CHANGE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLANNING COMMISSION POLICY REQUIRES THAT:**

1. All affected property owners and tenants be given an opportunity to express their opinion concerning a street name change.
2. The opinions expressed be filed with and become a part of the application change.

*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:**

\_\_\_\_\_  
NAME (PRINT) ADDRESS CITY STATE PHONE FAX

**AUTHORIZATION OF APPLICATION**

I hereby certify that I am the authorized applicant. ALL property owners and tenants affected by this request have been canvassed and have signed on the back of this form.

Signature: \_\_\_\_\_

\_\_\_\_\_  
NAME (PRINT) ADDRESS CITY STATE PHONE FAX

**APPLICATION ACCEPTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# CITY OF MORRISTOWN

## Street Name Change Canvass Form



Page \_\_\_\_\_ of \_\_\_\_\_

I (We) plan to file a request with the Morristown Planning Commission to change the name of the street.

**PRESENT STREET NAME:** \_\_\_\_\_

**PROPOSED STREET NAME**

	<b>BASE</b>	<b>ROAD</b>	
<b>PREFIX:</b> _____	<b>NAME:</b> _____	<b>TYPE:</b> _____	<b>POST SUFFIX:</b> _____

This is your opportunity to express your opinion about the proposed street name change.		OWNER		TENANT	
ADDRESS	SIGNATURE	AGREE	DISAGREE	AGREE	DISAGREE