

COUNTY ROAD NAME CHANGE REQUEST FORM

Date:		Requestor:	
Emergency Service Zones:		Address/Phone:	
		City, State, Zip:	
Proposed Road Name:			
Current Road Name (If Any):			
Location of Road:			
County Road <input type="checkbox"/>		Public Road <input type="checkbox"/>	
Private Road <input type="checkbox"/>		Section:	
		Township:	
		Range:	
Name Starting at:		Name Ending at:	
Direction and Distance from Nearest Public Road Intersection, Include Names of Intersecting Roads:			
For County Use Only			
Date Received:		Criteria Met:	
		<input type="checkbox"/> Section 8.40.090	
Comments:		<input type="checkbox"/> Section 8.40.100	
		<input type="checkbox"/> Section 8.40.110	
		<input type="checkbox"/> Section 8.40.120	
Will Road Require Readdressing: <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Reason:	
Listed Landowners Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No (See list on reverse)			
Percentage of Landowners Approving: %			
As the county's agent for reviewing the proposed road name in view of the established criteria I hereby <input type="checkbox"/> recommended approval of this proposal as indicated. <input type="checkbox"/> do not recommend approval of this proposal as indicated.			
Signed:		Title:	
		Date:	
Signed:		Title:	
		Date:	

The Board of County Commissioners acting in their capacity as the legislative body of Lincoln County hereby approve/deny the request for the establishment or change of the name of the above identified County/Public road.

Dated this _____ day of _____, 200__ in Davenport, Washington.

**BOARD OF COUNTY COMMISSIONERS
OF LINCOLN COUNTY, WASHINGTON**

ATTEST:

Chairman – Ted Hopkins

Clerk of the Board - Shelly Johnston

Vice Chairman – Dennis Bly

By: _____
Deputy Clerk of the Board - Dale Vaughn

Member – Deral Boleneus

