

COUNTY ROAD NAME CHANGE REQUEST FORM

Date:	Requestor:		
Emergency Service Zones:	Address:		
	Phone/Email:		
Proposed Road Name:			
Current Road Name:	Road #:		
Location of Road:			
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		
Listed Land Owners Verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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"/> Recommend approval of this proposal as indicated			
<input type="checkbox"/> Do not recommend approvals 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 _____, 20__ in Davenport, Washington.

ATTEST:

By: _____

Deputy Clerk of the Board

Marci Patterson

BOARD OF COUNTY COMMISSIONERS OF LINCOLN
COUNTY, WASHINGTON

Chairman

Member

Member

