

ROAD NAME APPROVAL APPLICATION

APPLICANT _____

Owner of Road (if private) _____

Map _____ Lot _____

Location and Length of Road (left or right off existing road)

Number Range Low _____ High _____

Proposed Name of Road _____

Reason for name

Applicant _____ Date _____

Public Safety

Code Enforcement Officer

Town Planner

Assessor

Public Works Director

Comments _____

TOWN MANAGER APPROVAL DATE _____