## STREET NAME CHANGE on a PUBLIC STREET APPLICATION FORM

CITY OF JACKSONVILLE, FLORIDA

Existing Street Name:			(Ordinance 2016-0750-E
Proposed New Street Name:			
Reason for Street Name Change:			
Please complete the following if the purpos	se of the street	name is to name the road after an	individual:
Is the person deceased?:	No	If Yes, identify year deceased:	
Has the person resided within 5 miles of the stre	et in which the s	treet renaming is being sought?	Yes No
How many years did they reside at this location? PLEASE ATTACH A WRITTEN DESCRIPTION DETA JACKSONVILLE COMMUNITY OR TO THE UNITED	AILING THE PERSO	ON'S ACHIEVEMENTS AND/OR CONTRIE	
NOTE: ALL STREET NAME CHANGES WILL B NAME DUPLICATE AN EXISTING	_	TIRE LENGTH OF ROAD. IN NO CASE S CITY OF JACKSONVILLE, DUVAL COL	
OWNER'S INFORMATION			
Name:		Mailing Address (including city, stat	te, zip):
Email:		Telephone:	
Date		(Signat	ure of Owner)
STATE OF FLORIDA COUNTY OF DUVAL			
Sworn to and subscribe and acknowledge be this day of	20 , by		, who is personally
known to me or who has produced		as identification and v	vho took an oath.
		(Signature of NOTARY PUBLIC)	
E TOTAL STREET		(Printed name of NOTARY PUBLI	•
		My commission expires:	

Application fee for street name change is \$2000.00 Make Check payable to: Tax Collector

**Send To:** City of Jacksonville

**Planning and Development Department** 

Attention: Addressing Section 214 N. Hogan Street, 2nd Floor

Jacksonville, FL 32202