

Request to Reserve New Street Name(s)

The Applicant is responsible for all sign costs.

Applicant Information

Name: _____

Address: _____

Phone : _____ Fax: _____

Private Citizen

Agency/Organization

Street Name Requests

(No more than 14 letters or 15 if there is an "i" in the name. Attach extra sheet if necessary.)

If final recordation has not occurred within one (1) year, it is necessary to submit a written request for extension to the coordinator prior to the expiration date of the original approval request.

Location

Project Name: _____

Reno

Sparks

Washoe County

Parcel Numbers: _____

Subdivision

Parcelization

Private Street

Please attach maps, petitions and supplementary information.

Approved: _____ Date: _____

Regional Street Naming Coordinator

Except where noted

Denied: _____ Date: _____

Regional Street Naming Coordinator

Washoe County Department of Public Works

Post Office Box 11130 - 1001 E. Ninth Street

Reno, NV 89520-0027

Phone: (775) 328-3667 - Fax: (775) 328-3699