

			<h2 style="margin: 0;">Application for Private Road Name</h2>
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**Applicant Information**

Name of Applicant:	
Applicant Phone Number:	Applicant Fax Number:
Applicant Mailing Address (Current):	
Applicant Email Address:	
Relationship of Applicant to Property:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Lessee <input type="checkbox"/> Other
Name of Authorized Agent (if applicable):	
Agent Phone Number:	Agent Fax Number:
Agent Mailing Address:	
Agent Email:	

**Road Information**

Proposed Road Name	First Choice:	Alternative:
Legal Description(s) or Book and Page of Road Easement (Use Additional Page(s) if Necessary):		

**Signatures of all Property Owners Adjoining Private Road:**

Print	Signature
Print	Signature
Print	Signature
Print	Signature

*\*Note\* This form is for easement naming purposes only. It does not dedicate any easement to the public. It allows for a name to be given to private access easements for emergency response purposes through the provision of a physical address.*

Please send your completed application to [mbl08@ccgov.net](mailto:mbl08@ccgov.net) or fax to 307-687-6468. We may contact you for additional information. For questions, call (307) 685-8061.

<b>FOR USE BY STAFF – DO NOT WRITE HERE</b>	
	Date Received:
New Road Name:	Address Map Book Page Number:
Approved By:	Date:
Notes:	

