



CITY OF SARASOTA
DEVELOPMENT APPLICATION

Request to Change an Existing Street Name

We, the undersigned (see attached petition list), hereby request the City of Sarasota for the following Street Name Change:

EXISTING STREET NAME: _____

ADDRESS BLOCK RANGE: _____ **THROUGH** _____
(Example: 001 through 1199)

LIMITS OF STREET: FROM: _____

To: _____

PROPOSED STREET NAME: _____

REASON FOR STREET NAME CHANGE: _____

APPLICATION SUBMITTED BY:

Neighborhood Association:
Print Contact Name:
Print Contact Address:
City/State/Zip Code:

Home Telephone No:
Work Telephone No:
Facsimile No:
E-Mail Address (Optional):

APPLICANT SIGNATURE

DATE



CITY OF SARASOTA
DEVELOPMENT APPLICATION

Request for Street Name Change Petition

We, the undersigned, hereby request the following City of Sarasota Street Name Change:

Existing Street Name: _____

PROPOSED STREET NAME: _____

	[PLEASE PRINT CLEARLY]	[PLEASE CHECK ONE THAT APPLIES]			
A). NAME (Print) & B). SIGNATURE	ADDRESS	PROPERTY OWNER	BUSINESS OWNER	TENANT	
A).					
B).					
A).					
B).					
A).					
B).					
A).					
B).					
A).					
B).					
A).					
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A).					
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A).					
B).					

Use additional sheets if necessary