

Town of York Street Name Application



Property Owner/Applicant Name:

Mailing Address:

Telephone:

Email:

Tax Map/Lot #:

Road Information: New Road Existing Road Private Road

Paved Gravel Intersects Town Road: Yes No

Name of Intersecting Road: _____

Current Road Name (if applicable): _____

Proposed Road Name: First Choice _____

Second Choice _____

Abutters:

Name _____

Name _____

Address _____

Address _____

Signature _____

Signature _____

Applicant's Signature

E911 Addressing Officer Signature

Mail To: Assessor's Office 186 York St. York, ME 03909