

# 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**