



Community Development Department
111 North 100 East
Washington City, UT 84780
Phone (435) 656-6325
Fax (435) 656-6371
www.washingtoncity.org

Subdivision Name Change

FOR OFFICE USE ONLY

Receipt # _____
Amount \$ _____
Date Received _____

Current Street Name: _____ **Proposed Street Name:** _____

Project Location: _____ **Specific Address:** _____

Applicant: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail Address: _____

Engineer: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail Address: _____

CONTACT PERSON FOR PROJECT OF THOSE LISTED ABOVE: _____

Please include with the application:

1. Written statement explaining the reason for the proposed name change.

Filing Fee: \$100.00

(805) \$100

Signature of Applicant: _____ **Date:** _____