



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 (Example: 001 through 1199): _____

Limits of Street: From: _____ **To:** _____

Proposed Street Name: _____

Reason for Street Name Change: _____

Application Submitted By:

Neighborhood Association:	Home Telephone No.:
Print Contact Name:	Work Telephone No.:
Print Contact Address:	Fax No.:
City/State/Zip Code:	Email Address:

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	CHECK ONE THAT APPLIES		
A). NAME (Print) & B). SIGNATURE		ADDRESS	PROPERTY OWNER	BUSINESS OWNER	TENANT
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B).					
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Use additional sheets if necessary