

Application for Honorary Street Name Designation

(Ordinance 2016-730-E)

Road name to receive honorary street name designation: _____

Designation extends from _____ to _____
Beginning Intersection for Designation *Ending Intersection for Designation*

Name of person being honored: _____

Is the person deceased? _____ If yes, identify year deceased: _____

Has the person resided within 5 miles of the street in which the honorary designation is being sought? _____

How many years did they reside at this location? _____ Address of residence: _____

Please attach a written description of the person's achievements and/or contributions to the Jacksonville community or to the United States of America.

Application fee for honorary street name designation is \$761.00
Make check payable to: Tax Collector

Send to: Attention: Addressing Section
City of Jacksonville
Public Works Dept.
214 N. Hogan St., 2nd Floor
Jacksonville, FL 32202

Applicant

Name: _____

Information

Mailing address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Other Phone: _____

Email: _____

Applicant Signature

Date

Before me, the undersigned authority, personally appeared _____, Known by me by way of _____ and known to be the person making the above request and acknowledged to and before me that he/she executed the instrument for the purposes therein expressed and (did or did not) take an oath.

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC, State of Florida
My Commission expires: