



HONORARY STREET NAME APPLICATION

Jurisdiction: City Council District _____

Date Filed: _____ Fee Paid: _____ Application No. _____

Name of Applicant: _____

Address of Applicant: _____

Telephone Number of Applicant: _____

Honorary Street Naming:

Present Street Name: _____

Proposed **Honorary** Street Name: _____

Location of Street Proposed for Renaming: _____

Reason for Proposed Honorary Naming: _____

Explain: _____

ALL CORRESPONDENCE RELATING TO THIS APPLICATION SHOULD BE SENT TO:

Name (Print) Address * City * State * Zip * Phone * Fax

APPLICATION ACCEPTED BY: _____

DATE: _____

Please complete the request form and submit it and the \$262 request fee to the City Recorder's Office.

Mailing Address:

City Recorder's Office
PO Box 1631
Knoxville, TN 37901

Physical Address:

City Recorder's Office
400 Main St, Suite 460
Knoxville, TN 37902

You will be notified of the date and time of the committee meeting when your request will be considered. Requesters should make every effort to attend the meeting in order to respond to questions from the committee members.

Approved requests are sent to the Mayor for review. The request along with the Mayor's written recommendation, if any, is then placed on the City Council agenda for consideration.

The request fee may only be refunded by action of the committee.