

STREET NAME CLEARINGHOUSE REQUEST
 Richmond Regional Planning District Commission
 9211 Forest Hill Avenue, Suite 200 Richmond VA 23235

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FAX 804.323.2025
 WEBSITE www.richmondregional.org

| Instructions: | | | | <i>RRPDC Use Only</i> | |
|--|-------------|------------------------------|-------------|---|-----------------------|
| 1 Complete reason for request * | | | | Date Recorded: | |
| 2 Complete requestor information section * | | | | Data Returned: | |
| 3 Complete Street Name Request section * | | | | Authorization: | |
| 4 FAX, E-Mail, or Mail to the RRPDC <i>* Required Information</i> | | | | EXPIRATION DATE: | |
| 1. REASON FOR REQUEST* | | | | | |
| New Street Name: YES NO | | Changing Street Name: YES NO | | Street Name Reservation Extension: YES NO | |
| 2. Requestor Information* | | | | | |
| Contact Name: | | | Date: | | |
| Company Name: | | | Phone: | | |
| Address: | | | Fax: | | |
| | | | E-Mail: | | |
| 3. Street Name Requested* | | | | | RRPDC USE ONLY |
| County/City | Subdivision | Street Name | Street Type | YES | NO** |
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** A) Existing B) Reserved C) Sounds Alike D) Awkward Pronunciation E) Too Long F) Awkward Spelling G) Proper Name H) Invalid Type
RESERVATIONS ARE FOR 2 YEARS FROM DATE OF APPROVAL ALLOW 5 BUSINESS DAYS FOR PROCESSING

