GRAHAM COUNTY	PLANNING & ZONING /COMMUNITY DEVELOPMENT General Services Building 921 Thatcher Boulevard Safford, Arizona 85546 Ph: (928) 428-0410 Fax: (928) 428-8825	PERMIT PROCESS TAKES 3-MONTHS

APPLICATION REQUEST FOR A ROAD NAME
(Legal Description Required)

FOR OFFICIAL USE ONLY

ROAD NAME REQUEST _____ DATE RECEIVED _____

DATE APPROVED _____ DATE SIGN ORDERED _____ DATE SIGN INSTALLED _____

FEES REC'D _____ CK# _____ CASH _____

APPROVED NAME _____ RECEIVED & REVIEWED BY _____

COMMENTS _____

Enter proposed road names on "Petition" page. **THREE (3)** road name choices are required. Each road name listed has a maximum of 15 characters including spaces.

OWNER'S INFORMATION

Owner's Name: _____
First Last Sr/Jr.

Mailing Address: _____ _____ _____ _____
City State Zip

Physical Address: _____ _____ _____ _____
City State Zip

Phone # _____ APN # _____ Section: _____ Township: _____ Range: _____

My signature indicates that I am a legal representative and further declare that all the information submitted is true and correct to the best of my knowledge and belief.

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

RESET

GRAHAM COUNTY	**PETITION FOR ESTABLISHMENT OF ROAD NAME**	PERMIT PROCESS TAKES 3-MONTHS

We, the undersigned property owners being served by the road shown on the attached map, are in agreement with the proposed name.

PROPOSED ROAD NAME(S)

(Maximum 15 characters including spaces)

***1.**_____

***2.**_____

***3.**_____

4._____

5._____

***Required**

(print) Property Owner Name	Physical Address	Parcel No.	Signature