

**Road Naming and Site Addressing  
Request for Appeal**

Name of Primary Appellant: \_\_\_\_\_  
Property Location Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Cell or work ph #: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Appeal by Individual       Apply by Group       Appeal by HOA (minutes must be included)

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List the reason and specific details for your appeal request: \_\_\_\_\_  
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

(If applying as a Group or HOA, please attach signatures and addresses of all parties associated to the appeal)  
Please note, the Primary Appellant will be the point of contact for County Staff. Decisions will be given to the primary Appellant on behalf any group or HOA.

Office Use Only:	
Date Received: _____	Staff Contact: _____
<input type="checkbox"/> Duplicate Rd Name	<input type="checkbox"/> Non-sequential
<input type="checkbox"/> Parity	<input type="checkbox"/> Unnamed Rd
<input type="checkbox"/> Hierarchy	
Date Approved: _____	Reason for approval: _____
_____	
Date Denied: _____	Reason for denial: _____
_____	
<input type="checkbox"/> Staff attachments	
BOCC Date (if applicable): _____	BOCC Decision: _____