



## Town of Lakeshore Street Name Request Form

Street Name Information	
Street Name or Theme Requested	
Background Support	
Geographical Association (Description of Location)	
Contact Information For the Person Making the Request	
Full Name (s)	
Daytime Telephone:	Email:
Alternate Number:	
Mailing Address:	
Date Submitted DD-MM-YYYY	

Further documentation supporting this request can be attached. If the requested street name is for an individual, a letter of support from the family must be attached.

Note: All proposed street names must follow the Street Naming Policy.

### For Office Use Only

Received Date	
Circulation to	
Meet Policy Requirements	