

**WELLFLEET PLANNING BOARD
ROAD NAME CHANGE FORM**

Date _____

Request to Change Name of Road _____
(Existing name of road)

Proposed Name of Road

First choice: _____

Second choice: _____

Wellfleet Assessor's Map# (s) _____ Parcels _____ (Involved in Change)

Running from _____ to _____

Number of Abutters to Road _____

Applicant (Person Making Request) _____

Address _____

Tel. No. _____ E-mail address _____

Applicant/abutters will be notified by the Planning Board of the public hearing date on which the request to change a road name will be heard.

The applicant will be responsible for informing abutters of the action taken by the Planning Board at the hearing. **The Fire Department determines if renumbering of addresses is necessary.**

For Fire Dept. use only: _____ Date _____

Proposed first name choice approved : Yes _____ No _____ 2nd choice: Yes _____ No _____

Print name of Fire Dept. official: _____

Signed: _____

For Planning Board use only: _____ Date _____

Name approved: _____ Vote _____

Print name of Planning Board Chair or representative: _____

Signed: _____