## **City of Charlottesville**

## **Request for Honorary Street Name Designation**

Applicant	Name:			
Applicant	Address:			
	-			
Applicant	Telephone:			
		(Daytime)	(Evening)	
. Hoi	norary Street 1	names are restricted to:		
	Individuals			
	Organization	ns		
	Entities			
	Events			
	Of local sign	nificance to Charlottesvi	lle	
A.	For whom/what are you recommending this designation?			
A	i or whome what are you recommending this designation:			

B. What is the reason for this recommendation? (Applicants should complete a short essay of approximately 500 words that provides justification for the proposed honorary designation. The completed essay should be attached to this application form).

2. Location of Proposed honorary street name designation:

A. Street Name	(Example: Kirby Avenue)
B. Between a (example: between Neil and Wrigh	and nt)
OR	
All of the street	
C. What is the proposed designation?	

Please complete and mail the attached form to:

Clerk of City Council City of Charlottesville P. O. Box 911 Charlottesville, VA 22902