

Phone: 616-527-1700
Fax: 616-527-8848



170 E. Riverside Dr
P.O. Box 76
Ionia, MI 48846

NEW ROAD NAME REQUEST APPLICATION

REQUESTER NAME: _____

ADDRESS: _____

CITY, STATE ZIP _____

ROAD NAME CHOICES:

(Choose 3 names, maximum of 17 characters, including spaces and suffix)

1ST CHOICE: _____

2ND CHOICE: _____

3RD CHOICE: _____

TOWNSHIP: _____

SECTION: _____

SUFFIX CHOICES INCLUDE: AVE, BLVD, CIR, CT, DR, LN, ST, TRL, RD
(Circle one)

WHAT ROAD WILL THE NEW APPROACH INTERSECT? _____

NEAREST INTERSECTIONS: _____ **AND:** _____

REQUESTER SIGNATURE: _____ **DATE:** _____

BELOW LINE IS FOR OFFICE USE ONLY

ROAD APPROACH PERMIT ISSUED:

APP: _____ **DATE:** _____ **SIGNATURE:** _____

TOWNSHIP APPROVAL: _____ **DATE:** _____ **SIGNATURE:** _____

APPROVED ROAD NAME: _____

APPROVED BY: _____ **SIGNATURE:** _____
(PRINT NAME)

PERMIT FEE: _____ **DATE:** _____ **RECEIPT #:** _____

COMMENTS: