

Street Name Request Form

Please email completed request form to BZS-GIS@columbus.gov

111 N Front Street, Columbus, Ohio 43215 • Phone: 614-645-5661 • Fax: 614-645-0082 • bzs.columbus.gov

Date: _____

Street name(s) for your specific project will be reserved for 365 calendar days, following Map Room approval. After that time, approved street name(s) will be made available for use by others.

Project Name: _____

Applicant Name: _____

Company: _____

E-mail: _____ Phone Number: _____

REQUEST INFORMATION

Please **avoid** the following when requesting street names:

- existing in use
- offensive in any language
- sounds similar to existing street (i.e., Aiden vs. Aeden)
- contains cardinal direction, prefix/suffix or a street type (i.e., Northampton; Park with street type Way)

Proposed Street Name	Street Type	Proposed Street Name	Street Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

An exhibit showing the location of the street(s) to be named, must be attached to this request.

Please e-mail the completed request form to BZS-GIS@columbus.gov. Your request will be processed in the order it was received.