

Street Name Request Form

Address: 111 N Front Street, Columbus, Ohio 43215

Phone: 614-645-5661

Email: BZS-GIS@columbus.gov

Website: www.columbus.gov/bzs

Date:

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

Project Name:

Applicant Name:

Company:

E-mail:

Phone Number:

REQUEST INFORMATION

Street names must be unique. Street types (e.g., Drive, Street, etc.) are encouraged but will not be enough to make Aiden Drive and Aiden Street unique.

The following should be **avoided** when requesting street names:

- Names that are already in use
- Similar in sound to existing street names (e.g., Aiden vs. Aeden)
- Offensive in any language
- Contain cardinal directions

Proposed Street Name:

An exhibit showing the location of the streets 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.

PLEASE NOTE: Incomplete information will result in the rejection of this submittal