



# COUNTY OF BLAIR

## Roadway Naming Form



**Overview:** Section two of the Blair County Street Naming and Addressing Guide (SNAG) outlines the conditions and the general process relating to the naming of roadways. This form is used to collect the roadway naming proposals so that they may be evaluated by the Blair County GIS Department (BCGIS) and communicated to the respective municipality(s) for approval. By completing this form and submitting it to BCGIS you are not guaranteed approval of your proposed name. The authority to approve a street name is held by the respective municipality. BCGIS plays an advisory role in the naming of roadways. BCGIS will contact any, or all, signatories if additional information or name proposals are required.

**Directions:** All parties that are addressed, or will be addressed, to the portion of roadway to be named/renamed shall sign this document signifying their agreeance with the proposed choices. If additional signature blocks are needed please print additional copies of page two (2) of this form and submit to BCGIS. Please refer to **Section II.C** of the SNAG (available on the GIS Department's web page) for general guidelines of roadway name proposals. If the Municipality approves a roadway name all residents along the respective roadway will be addressed/readdressed accordingly.

**Roadway Name Proposals:**

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

**Primary Applicant Information:** *(Individual Who Submits This Form to BCGIS)*

Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Applicant(s):**

Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Applicant(s):**

Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please Return Completed Form to The Blair County GIS Department via Email, Mail, or in Person.**

**Email:** GIS@blaircountypa.gov (*preferred method*)

**Address:** 423 Allegheny St. STE 011

Hollidaysburg PA 16648

**Office Hours:** 8:00am - 4:00pm M-F