

BELTRAMI COUNTY ROAD NAME REQUEST FORM

Date: _____

Lead Contact Person: _____ Daytime Phone: _____

Property Location:

Township/City Name: _____ Section: _____

SUGGESTED ROAD NAMES IN ORDER OF PRIORITY – PLEASE SUBMIT AT LEAST 3 (Note that changing the road type (i.e. Ln, Dr, Ct, Trl, Way, etc.) *does not* constitute a separate road name – i.e. Anywhere Ln, Anywhere Dr, and Anywhere Ct are not considered to be separate road names.)

First Choice: _____ Fourth Choice: _____

Second Choice: _____ Fifth Choice: _____

Third Choice: _____ Sixth Choice: _____

PROPERTY OWNERS NAMES

(Please PRINT, attach additional sheets if needed)

PROPERTY OWNER SIGNATURES

(Signatures required for each name listed)

RETURN THIS FORM TO: Beltrami County GIS Director
701 Minnesota Ave NW, Suite 219
Bemidji, MN 56601-3178

OR EMAIL TO: kevin.trappe@co.beltrami.mn.us