

**WELLFLEET PLANNING BOARD
WAY NAME CHANGE FORM**

Date _____

Request to Change Name of Way _____
to Proposed Name

First choice: _____

Second choice: _____

Wellfleet Assessor's Map#(s) _____ Parcels _____ (Involved in Change)

Running from _____ to _____

Number of Abutters to Way _____

Applicant (Person Making Request) _____

Address _____

Tel. No. _____ E-mail address _____

The applicant will be responsible for informing abutters of the action taken by the Planning Board. **The Fire Department determines if renumbering of addresses is necessary.**

For Fire Dept. use only: _____ Date _____

Proposed first name choice approved : Yes _____ No _____ 2nd choice: Yes _____ No _____

Print name of Fire Dept. official: _____

Signed: _____

For Planning Board use only: _____ Date _____

Name approved: _____ Vote _____

Print name of Planning Board Chair or representative: _____

Signed: _____