



**STREET NAME CHANGE PETITION**

**To:** County of Los Angeles  
Department of Regional Planning  
Street Naming Committee  
320 West Temple Street  
Los Angeles, CA 90012

**Attn:** Todd Zagurski

*We, the undersigned property owners, do hereby submit this petition to change the Street Name.*

**Reason:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Existing Street Name:** \_\_\_\_\_

**Proposed Street Name(s) (by preference):**

1
2
3

**Name, address and telephone number of agent for petitioners (may be one of the petitioners)**

1
2
3

Property Owner Signature	Address or Assessor's Map Book, Page, and Parcel #	Lot #	Tract Name or #
1			
2			
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(Additional spaces on reverse side)

Property Owner Signature	Address or Assessor's Map Book, Page, and Parcel #	Lot #	Tract Name or #
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