

281 James D. Nabors Drive • Alexander City • Alabama 35010 • (256) 329-6700 www.alexandercityal.gov

POLICY TO RENAME CITY STREETS

Please note: This process is a commitment by all affected parties to rename the street on which their property is addressed. If the proposed street name is approved, there will be an address reassignment for each property, and all **owners** will be impacted personally and financially. Affected property owners are responsible for notifying personal correspondents and will bear whatever expenses incurred due to changing personal information, i.e., address of house, mailbox, driver's license, mail, credit cards, bank accounts, legal documents, etc.

All requests for the renaming of existing streets within the City of Alexander City shall be submitted by application to the City Clerk. The application shall include the following:

- A location map showing the street or portion of street proposed for renaming;
- A petition signed and dated by at least 90% of the property owners abutting the street with printed names and addresses next to the signatures (*Note: Signatures of residents who do not own abutting property do not qualify. Petition signatures must be property owners as recorded with Tallapoosa County.);
- Reason(s) supporting street name change.

Street name changes will **not** be considered if:

- The proposed street name is a duplication of an existing street name in Alexander City;
- The proposed street name change is a near duplication in spelling to an existing street or phonetically similar to an existing street;
- The existing street name has significant historical value to the City;
- The street name requested to be renamed is perceived to be offensive to segments of the City's citizenry;
- If the proposed street name change is longer than 14 characters.

After the application is received by the City Clerk, it will be forwarded to the appropriate staff members for an initial review and approval. After initial approval and a determination of whether the petition has met the requirements, a public hearing will be scheduled to allow citizens the opportunity to speak for or against the renaming.



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APPLICATION FOR STREET RENAMING

Name of Person/Group requesting cl	nange:	
Phone Number:		
E-Mail Address:		
Present official city name of street:_		
Proposed name of street:		
City Council District:		
Reasons supporting street name cha	nge:	
I certify that the above application is	true and accurate.	
	Signature of Applicant:	
	Date of Application	
	INTERNAL USE ONLY	
Date Received:		Emailed to staff for review
Initial Approval by Staff	Initial Approval denied. If denied,	why?
Public Hearing Date:	Date Approved by Council: _	Resolution No.:
Emailed resolution to GIS & St	reet Department	Emailed Resolution to Tallapoosa County E911

PETITION FOR STREET RENAMING

Property Owner Name (Print)	Signature	Address

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