

TOWN OF POLAND



Road Name Application

Parcel ID #:	
Closest Existing Road:	

Property Owner/Applicant Information

Owner Name:	
Mailing Address:	
Phone Number:	
Email Address:	

Name request for new road:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

I hereby acknowledge that I have read this application and pertinent sections of the ordinances, and state that the information in this document is to the best of my knowledge true and accurate.

Applicant Signature: _____ Date: _____

CEO STATEMENT

I have checked the Town of Poland road names and find the following:

☐ None of the names suggested are in use or similar to other road names

☐ Another road is using one of the names: _____

☐ One or more of the names is similar to an existing road: _____

CEO Signature: _____ Date: _____

PLANNING BOARD

The Planning Board recommends the following name: _____

Chairperson Signature: _____ Date: _____

BOARD OF SELECTPERSONS

The Board of Selectpersons Approves the following name: _____

Chairperson Signature: _____ Date: _____