

TOWN OF WINDHAM, MAINE
STREET NAME REQUEST / APPROVAL FORM

Name of Applicant: _____ Phone # _____

Date of Application: _____

Proposed Street is a: _____ Private Way _____ Subdivision Road _____ Other: _____

Proposed Names of New Street (in order of preference)

1) _____

2) _____

3) _____

New Street Accesses off: _____ between numbers _____

Which is off: _____

Which is off: _____

Tax Map and Lot number(s) of access points: _____

Number of Lots accessed by new street: _____

Length of New Street (in feet): _____

Name of Subdivision, if applicable: _____

PLEASE RETURN THIS COMPLETED FORM TO THE:

Assessing Department
Town of Windham
8 School Road
Windham, Maine 04062
or kltaylor@windhammaine.us

***And submit a plan or sketch showing the road to be named, location of all driveway entries and distances from the cross road.**

For Office Use Only Below this Line

Street Name Approved _____

by: _____

Fire Chief – Brent Libby

Addressing Officer – Kara L. T. Taylor

Date: _____

Date: _____

PROPERTY LOCATIONS ARE AS FOLLOWS: