



Oconto County New Road Name or Change | Form 615

City/Village/Town of: _____ Date: _____

Contact Person: _____ Phone: _____

Address: _____

General _____ 1/4 _____ 1/4 GL _____ Section _____ T _____ N R _____ E

Location: Lot # _____ Subdivision Name or CSM Vol & Pg: _____

Request for Name Change

Please indicate if the name will be a Road, Street, Avenue, Lane, Court, Drive, etc.

Existing Road Name: _____
(Print)

New Road Name: _____
(Print)

Return to:

Land Information System
301 Washington Street
Oconto, WI 54153
(920) 834-6827

For Office Use Only

Request Researched by: _____ Date: _____

Approved: Yes No

Comments:

1. Provide completed form to Land Information System Dept. (LIS).
2. Request researched by department personnel.
3. Form sent to Town for approval – Copy of Town minutes approving of road name change.
4. LIS to provide copies for distribution to Sheriff, Post Office, Fire, Rescue, DNR, and Electric Co.