



TOWN OF KENNEBUNKPORT, MAINE STREET NAME REQUEST FORM

Date Received /Initials

Return to , Becky Nolette, Assessing Department
upon completion. bnolette@kennebunkportme.gov

CONTACT INFORMATION:

NAME: _____ PHONE #: _____

(CURRENT) MAILING ADDRESS: _____

EMAIL ADDRESS: _____

SIGNATURE

DATE

OTHER OWNERS THAT ACCESS THEIR PROPERTY FROM THIS PRIVATE ROAD OR STREET:

NAME	MAP/BLOCK/LOT	PHONE#
_____	_____	_____
_____	_____	_____
_____	_____	_____

1ST CHOICE: _____

ACCEPTED REJECTED REASON: _____

2ND CHOICE: _____

ACCEPTED REJECTED REASON: _____

3RD CHOICE: _____

ACCEPTED REJECTED REASON: _____

TOWN OF KENNEBUNKPORT RESERVES THE RIGHT OF FINAL ROAD NAME APPROVAL

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OFFICE USE ONLY

E-911 ADDRESSING OFFICER:	YES	NO	COMMENTS: _____	DATE: _____
FIRE DEPT:	YES	NO	COMMENTS: _____	DATE: _____
PLANNING DEPARTMENT:	YES	NO	COMMENTS: _____	DATE: _____
PUBLIC WORKS/SEWER:	YES	NO	COMMENTS: _____	DATE: _____
POLICE DEPARTMENT:	YES	NO	COMMENTS: _____	DATE: _____
TOWN MANAGER:	YES	NO	COMMENTS: _____	DATE: _____

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FINAL APPROVAL DATE: _____

APPROVAL LETTER TO HOMEOWNER _____
(DATE SENT)

☐ START ROAD UPDATE FORM