



COUNTY OF CLARION OFFICES OF GIS, MAPPING & ASSESSMENT



CHERIN H. ABDELSAMIE, DIRECTOR
421 MAIN STREET CLARION, PA 16214
PHONE: 814-226-4000 x 2302 FAX: 814-297-7997
EMAIL: CABDELSAMIE@CO.CLARION.PA.US

NEW ROAD/STREET NAME

The Clarion County Street Naming and Addressing Ordinance requires naming all streets that are used to access two or more dwellings or business related buildings. This procedure is required in order for emergency services (police, firefighters, EMT, ambulance service, etc.) to find your residence as soon as possible after receiving your call for assistance. All existing dwellings or businesses using the street will need to be readdressed to the new street.

This form gives you, your neighbors and anyone that has provided right of ways the opportunity to provide a name for your private road. Please discuss the matter with all property owners involved and provide three (3) choices for the name of your private road (individual's last names will not be accepted as a road name unless an official resolution is received from the individual's municipality that the road resides in), listing them in order of preference. Providing three choices offers flexibility in preventing duplication of names and avoids any conflicts. If your first choice is in conflict with another road name, the County will select your second choice and so forth.

Please print clearly and limit the name to 15 characters or less including spaces (no numbers).

First Choice: _____

Available: Yes No

Second Choice: _____

Available: Yes No

Third Choice: _____

Available: Yes No

(Official Use Only)

All residents using the street please print your name clearly, sign, and date below. By signing below, you agree that you participated in choosing the street names listed above.

Resident Name: _____

Signature: _____

Current Mailing Address: _____

Date: _____ Parcel/Map Number: _____

Resident Name: _____

Signature: _____

Current Mailing Address: _____

Date: _____ Parcel/Map Number: _____

SEE OTHER SIDE

Resident Name: _____

Signature: _____

Current Mailing Address: _____

Date: _____ Parcel/Map Number: _____

Resident Name: _____

Signature: _____

Current Mailing Address: _____

Date: _____ Parcel/Map Number: _____

Please complete this form (**only one per private road is required**) and send it to:

CLARION COUNTY OFFICES OF GIS, MAPPING & ASSESSMENT

421 Main Street
Clarion, PA 16214

Upon receipt of the form, we will evaluate the street names and submit them to the township or borough for approval. Once we get approval from the municipality, we will issue the new addresses; send an official notice with the new address to all individuals listed above, the Clarion County Assessment Office, the municipality that your property is located in and your local & regional US Postal Service (USPS). Residents are responsible of notifying all other entities of the new address.

Please do not write below this line (Official Use Only)

Proposed Road Name: _____

Municipal Approval: Yes No

Municipal Approved by: _____

Name

Title

Signature

Date