

Street Naming and Numbering Application Form

Public Health Act 1925, sections 17 to 19

Complete this form to change the name of your property

SNN1: Name change

Only use this form if the address you want to change is already official (see guidance) and the property is occupied

| Applicant details | | | | | |
|---|-------------|---------------|--|--|--|
| Title: | First name: | Surname: | | | |
| House number or name: | | Road name: | | | |
| Locality (e.g. Magor): (if relevant) | | | | | |
| Town: | | Postcode: | | | |
| Email: | | Telephone: | | | |

| Address of property requiring name change | | | | | |
|---|------------|-----|------|--|--|
| Is this address the same as the applicant's address in the above section? | | Yes | D No | | |
| If you have ticked No , please supply the address: | | | | | |
| House number / name: | Road name: | | | | |
| Locality (eg Magor) if relevant: | | | | | |
| Town: | Postcode: | | | | |
| If your property is NOT on a numbered street, please supply a location plan. If we are not able | | | | | |

to locate your property, we will not be able to process your application.

| Address status | | | | |
|--|------|--|--|--|
| Does the property have an official address (see guidance)? | | | | |
| Yes | D No | | | |
| If your address isn't an official one, you will need to complete our New Address Application Form. | | | | |



Proposed property names (minimum of 3, in order of preference)

Please ensure that you have read the guidance before you complete this section.

1st choice:

2nd choice:

3rd choice:

Further choices (optional):

Declaration of ownership

□ I confirm that I am the legal owner of the property;

□ I am NOT the legal owner of the property; If you are *not* the legal owner, please enclose written permission (including contact details) from the owner.

Print full name(s):

Signature(s):

Date:

| Applicant's declaration and payment | | | | | | |
|--|------------------------------|--------|--|--|--|--|
| Amount owed: £53 | Date of payment: | | | | | |
| Method of payment: Card Receipt no: WP | BACS: Ref no: HD | Cheque | | | | |
| Please note that we will not begin work on your application until your fee has been paid in full | | | | | | |
| I hereby apply for Street Naming and Numbering services as detailed in this application and declare that the information given on this form is correct and true to the best of my knowledge. | | | | | | |
| □ I have read the guidance notes accompa | nying this application form; | | | | | |
| I have paid the full amount by card and have written my receipt number in the relevant box (above); <i>OR</i> I confirm that I have paid the fee of £51 by BACS and have written my reference no in the relevant box (above); <i>OR</i> | | | | | | |
| □ I enclose a cheque for £51 made payable to Monmouthshire County Council; | | | | | | |
| Print full name(s): | | | | | | |
| Signature(s): | Date: | | | | | |