

Names and Contact Information of Other Advocates in Group

1. Name: _____
Last First M.I.

Mailing Address: _____
Street Address

_____ City State Zip

Telephone: _____ FAX: _____

Email: _____



2. Name: _____
Last First M.I.

Mailing Address: _____
Street Address

_____ City State Zip

Telephone: _____ FAX: _____

Email: _____

****Please include additional members on separate sheet. ****

2. COMMUNITY INFORMATION

Proposed Name of Community: _____

Current Name of Community (if applicable): _____

Reason for Name Change (Please state historical precedent or other reason):

Street boundaries of the community to be named / renamed (Please attach map and/or legal description):

ON BEHALF OF THE AFOREMENTIONED ADVOCATES, THE UNDERSIGNED AGREES TO PROMPTLY NOTIFY THE CITY CLERK OF CHANGES TO THE FOREGOING INFORMATION AND AGREES TO SUBMIT A REVISED APPLICATION AND PETITION IN THE EVENT THAT THIS OCCURS.

Signature

Date

To be filed in the: Office of the City Clerk
 200 North Spring Street, Room 395
 Los Angeles, California 90012
 eric.villanueva@lacity.org; 213-978-1073