



CITY OF LOS ANGELES
OFFICE OF THE CITY CLERK

APPLICATION TO NAME OR RENAME COMMUNITIES

Filing Requirement

Pursuant to Council action of January 31, 2006 (Council File 02-0196), an application, including a petition, must be submitted to either change a neighborhood name or create one where none previously existed. The petition must contain a minimum of 500 signatures of individuals who either reside in and/or have businesses, both profit and non-profit, in the neighborhood being named or re-named. If the population of the neighborhood is under 2,500 people, then 20% of the population of the area being named or renamed is required. No fee is required for the submission of this application.

Please check one: Name Community Rename Existing Community

Petition Attached: 500 signatures 20% of population

$$\frac{\text{Population Total}}{\text{Population Total}} \times .2 = \frac{\text{No. of signatures required}}{\text{No. of signatures required}}$$

1. APPLICANT INFORMATION

The application requests advocates for a name change to form a group of two or more members who reside within the boundaries of the area to be named.

Primary Applicant

Name: _____
Last First M.I.

Mailing Address: _____
Street Address

_____ City State Zip

Telephone: _____ FAX: _____

Email: _____

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):

Four horizontal lines for providing street boundaries and legal descriptions.

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
213-978-1133
Sharon.Dickinson@lacity.org

For Office of City Clerk Use Only

Date Application/Petition **Received:** _____ **Content Review** Period End Date: _____

Council District(s) _____ Neighborhood Council(s) _____

Complete and Approved for Filing: _____

Incomplete – Date Returned to applicant: _____

✓ Reason returned:

Date Application & Petition **Filed:** _____ Council File Number: _____

Public Hearing Deadline: _____