JACKSON COUNTY, MISSOURI
APPLICATION TO CHANGE NAME OF ROADWAY
IN UNINCORPORATED JACKSON COUNTY

Applicant:_____________________________________________________________
Address:______________________________________________________________
Phone:________________________________________________________________

APPLICANT INFORMATION:
Application must be filed with the Jackson County Planning and Development Division,
303 W. Walnut, Independence, Missouri 64050 by the date on the Plan Commission Calendar.

The following items need to be submitted with the application:

1. Petition requesting change of name of County road and state the reasons for name change.

2. Petition must be signed by all property owners along road that will be affected by the name change.

3. Printed name and signatures for all petitions must be the same as they appear on the deed to the property. Properties held in a Trust must be signed by the Trustee and said Trust.

4. The filing fee of $250 (non-refundable), check payable to Manager of Finance.

Signature of individual submitting the vacation request:

____________________________________________ ______________________
(Signature)                                                                            (Date)

TO BE COMPLETED BY OFFICE PERSONNEL ONLY:

Case Number  LA-______________________________________________

Date filed____________ Date of hearing____________ Date Advertised____________

Heard by___________ Date___________ Decision____________

Heard by___________ Date___________ Decision____________

Heard by___________ Date___________ Decision____________

Verification: I (We) hereby certify that all of the foregoing statements contained in any
papers and/or plans submitted herewith are true to the best of my (our) knowledge and belief.

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Applicant(s):

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STATE OF ____________________________
COUNTY OF __________________________

On this ______ day of __________, in the year of __________, before me the undersigned notary public, personally appeared known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.
In witness whereof, I hereunto set my hand and official seal.

_____________________________ Commission Expires _____________
Notary Public