



# CITY OF THIBODAUX ADDRESSING

P. O. Box 5418, Thibodaux, LA 70302

(985) 446-7208

When completing the attached Street Name Request form, please be advised for E-911 addressing purposes, all privately owned streets are being identified and accepted as a LANE.

When submitted the street name request, the following information must be included:

- 1) **STREET NAME** – 1<sup>st</sup> and 2<sup>nd</sup> choice of proposed street. The 2<sup>nd</sup> choice would be used if the 1<sup>st</sup> choice is a duplicate street name. Please do not send the same street name with a different suffix (ST., DR., AVE., LN., etc.)
- 2) **SUBDIVISION PLAT** – A hand drawn sketch or a survey plat of the subdivision must accompany the request form. Information provided on the plat must include:
  - 1) front footage measurement of each lot (for assigning physical addresses);
  - 2) existing physical addresses of the adjacent properties on both sides of the proposed property **AND** the distance from your proposed development (the information is used to assist verification of specific location for field inspection and addressing);
  - 3) footage measurements from nearest existing street in both directions of your proposed street location and
  - 4) length and width of the proposed street involved.

**Please contact Roland Soignet, Jr., Address Coordinator at (985) 446-7208 should you have any questions.**



# CITY OF THIBODAUX STREET NAME REQUEST

Street Name Requested: \_\_\_\_\_

Alternate Street Name: \_\_\_\_\_

Requesting Party: \_\_\_\_\_

Please check all that apply: Public Street: \_\_\_\_\_ Private Street: \_\_\_\_\_

New Street: \_\_\_\_\_ Name Change: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Exact Location of Street: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Attach plat / map of sketch showing the location of the street in relation to existing streets, major thoroughfares, and/or landmarks in the immediate vicinity of the street described above. Please limit the complete street name to a maximum of 15 characters.

THIS REQUEST WILL BE SUBMITTED TO THE LAFOURCHE PARISH ADDRESS COORDINATOR FOR VERIFICATION AND ACCEPTANCE INTO THE PARISH 911 SYSTEM.

IF THE STREET NAME(S) SUBMITTED ARE NOT ACCEPTABLE, NEW STREET NAMES WILL BE REQUIRED.

PROPERTY OWNERS-AUTHORIZED AGENTS

Please use another sheet if necessary

\_\_\_\_\_  
SIGNATURE OF OWNER / AGENT

\_\_\_\_\_  
DAYTIME PHONE #

\_\_\_\_\_  
DATE

ACCEPTED BY: \_\_\_\_\_

Print Name \_\_\_\_\_

911 ADDRESS COORDINATOR

DATE RECEIVED: \_\_\_\_\_

\_\_\_\_\_  
MAILING ADDRESS