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 nonprofit, 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: 0 Name Community 0 Rename Existing Community

Petition Attached: 0 500 signatures 0 20% of population

\[
\text{Population Total} \times 0.2 = \text{No. of signatures required}
\]

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: _______________________________
APPLICATION TO NAME OR RENAME COMMUNITIES

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