



Marathon County Road Name Application

Required per the General Code of Ordinances for Marathon County

Alexandra Peacock · GIS Specialist

Phone: 715-261-6041

Email: alexandra.peacock@marathoncounty.gov

Date of Application: _____ Municipality: _____

Contact Name: _____ Phone: _____

Mailing Address: _____

E-mail: _____

Location: _____¹/₄ _____¹/₄, Section _____, Town _____North, Range _____East

Subdivision Name: _____

Please include proposed road name choices in the spaces provided below.

If creating a new road dedication by Subdivision Plat or Certified Survey Map, please attach a .pdf of the road alignments identifying the names of the desired locations.

PROPOSED STREET NAME: (Name only)	ROAD TYPE (Street, Road, Drive, etc.)	Office Use (CPZ)	
		Approved	Denied
Name: _____	Type: _____		
Name: _____	Type: _____		
Name: _____	Type: _____		
Name: _____	Type: _____		

Office Use Only

Application approved by CPZ: _____ Date: _____

Submitted road name(s) for Town approval

Comments: