

FORM D

RENAMING CONSENT : LIVING / DECEASED PERSON(S)

CONSENT FOR STREET TO BE RENAMED AFTER LIVING OR DECEASED PERSON(S)

NOTE FOR TOWN/PARISH COUNCIL: IF APPLICABLE, THIS AUTHORISATION NEEDS TO BE COMPLETED BY THE PERSON, OR A RELATIVE OF THE PERSON, AFTER WHOM THE STREET IS BEING RENAMED AND SUBMITTED AS PART OF YOUR APPLICATION.

STREET TO BE RENAMED AFTER LIVING PERSON: *(Please tick if appropriate)*

Dear Sir/Madam

Existing Street Name: _____

I am happy to give my consent for Wiltshire Council to rename the above street after me.

SURNAME: _____ (BLOCK CAPITALS PLEASE)

Signed: _____ Dated: _____

STREET TO BE RENAMED AFTER DECEASED PERSON: *(Please tick if appropriate)*

PLEASE NOTE: THIS SECTION SHOULD ONLY BE COMPLETED WHERE THE PERSON HAS BEEN DECEASED FOR LESS THAN 50 YEARS, OTHERWISE NO AUTHORISATION IS REQUIRED

Dear Sir/Madam

Existing Street Name: _____

I am happy to give my consent for Wiltshire Council to rename the above street after my relative.

SURNAME of deceased: _____ (BLOCK CAPITALS PLEASE)

Date of Death: _____

Relationship to deceased: _____

Signed: _____ Dated: _____

NOTE TO DEVELOPER: If applicable, this form must also be included with your completed application