

**PROGRAM INFORMATION**

The Phoenix City Council voted on Nov. 18 to rename your street. As part of the street renaming process, the City of Phoenix will reimburse costs incurred by residents and businessowners to update their addresses. The reimbursement program covers expenses such as driver's license updates, mailing information changes, and other related costs to update personal or business documents.

**STREET RENAMING REIMBURSEMENT APPLICATION CHECKLIST**

When applying for reimbursement of costs related to a street renaming project, please submit a complete application packet.

**Use this checklist to help you gather what you need to apply for reimbursement.**

 **COMPLETE THE APPLICATION**

- ✓ Ensure that the **Project Location** identifies the correct Street Renaming project for which you have incurred costs.
- ✓ Complete the **Application Information** section in its entirety. If the address of your property is not the same as your mailing address, please fill out the mailing address portion.
- ✓ Provide complete information regarding the **Expenses Requested for Reimbursement**.

 **PROVIDE EXPENSE DOCUMENTATION AND RECEIPTS**

- ✓ Gather receipts or payment confirmation documentation for expenses incurred for address changes.
- ✓ Ensure receipts are legible and reflect the company and amount paid.
- ✓ FOR REPLACEMENT OF PRE-ADDRESSED DOCUMENTS please include a copy of the document being replaced. Please cross out or mark over any confidential information.

**SUBMITTAL INSTRUCTIONS**

Please use this version of the form **ONLY** for e-mail submissions:

1. To submit by E-mail:
  - a. Fill out your form, save it in PDF format and send it to [streetrenaming@phoenix.gov](mailto:streetrenaming@phoenix.gov) with the subject line, "Street Renaming Reimbursement Request." Please attached scanned copies of your payment receipts and any other required documentation with that e-mail. \*\*\*\*\*FOR E-MAIL REQUESTS PLEASE DO NOT INCLUDE YOUR SSN#. Staff will contact you by phone to get your SSN for completion of your request. This will ensure the security of your personal data.

Reimbursement requests will be processed with a payment issued within 14 calendar days of receipt.



**APPLICATION FORM**

**A. Applicant Information**

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: Phoenix State: AZ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**B. Expenses Requested for Reimbursement**

*Attach copies of receipts, payment confirmation notifications, or other verifying documentation.*

	Amount	Company	Address	City	State	Zip
1	\$					
2	\$					
3	\$					

Total Amount Requested: \$ \_\_\_\_\_

I hereby request a reimbursement of the costs and expenses relating to the City of Phoenix Street Renaming process for the street noted above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**-----Staff Use Only-----**

Application received and logged

By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved/Disapproved

By: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Issued

By: \_\_\_\_\_ Date: \_\_\_\_\_

SSN/EIN TIN Match Completed By: \_\_\_\_\_ Reviewed/Approved By: \_\_\_\_\_

SAP Document#: \_\_\_\_\_