

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 print out this filled form and mail it along with receipts and copies of updated documents to:

1. By Mail
Phoenix Planning and Development Department
Attn: STREET RENAMING
Phoenix City Hall
200 W. Washington St.
Phoenix, AZ 85003

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



APPLICATION FORM

A. Applicant Information

Applicant: _____ Phone: _____

Applicant's SSN or EIN: _____

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#: _____