



HONORARY STREET NAME SIGN APPLICATION

City Hall, Room 205
200 East Wells Street
Milwaukee, WI 53202

PLEASE NOTE: A \$100 PAYMENT MUST ACCOMPANY THIS FORM
(Checks should be made payable to "City Treasurer")

1. Applicant Information:

Applicant's Name JOANNE Williams
Organization or Company Daughter
Street Address _____ City/State Milwaukee Zip 53209
414-617-3525 Telephone _____ Fax _____ Email finiandjb@yahoo.com

2. Honorary Street Name Request

Street name requested 14th St From Capitol Dr. to W. Olive St.

Location of proposed designation: (for example, West Main Street from North 12th Street to North 15th Street)

3. Required Submittals:

- Refer to Chapter 113-3, Milwaukee Code of Ordinances (attached)
- A typed statement containing no fewer than **500 words** describing the significance of the person, place, or event being honored. The statement should indicate why a particular section of street has been requested for the honorary designation.

4. SIGNATURE OF APPLICANT:

My application consists of the following items necessary to complete the application. Please check:

- \$100 fee (check made payable to "City Treasurer").
- Completed Application Form.
- Autobiography or statement regarding the person, place, or event being honored.

Signature Clayborn Benson Date 5-27-25
Printed Name Clayborn Benson