

DETCOG
ROAD NAME CHANGE
VERIFICATION FORM

() THIS IS A COUNTY MAINTAINED ROAD BEING ADDED, CHANGED OR DELETED FROM MAP

(X) THIS IS A PRIVATELY MAINTAINED ROAD BEING **ADDED**, CHANGED OR DELETED FROM MAP

Date: 9/20/2019

REQUESTED ROAD NAME CHANGE:

PROPOSED ROAD NAME: **PRIVATE ROAD 8400**

DETCOG STAFF _____

COUNTY COMMISSIONER _____

Charles Herdew

COUNTY JUDGE _____

DATE _____

DETCOG Staff Use Only:

- () *Notifications mailed with copy attached*
- () *GIS data changed*
- () *Intrado Data Changed*

Staff Completing Change: _____ *Date:* _____

Supervisor Verification: _____ *Date:* _____

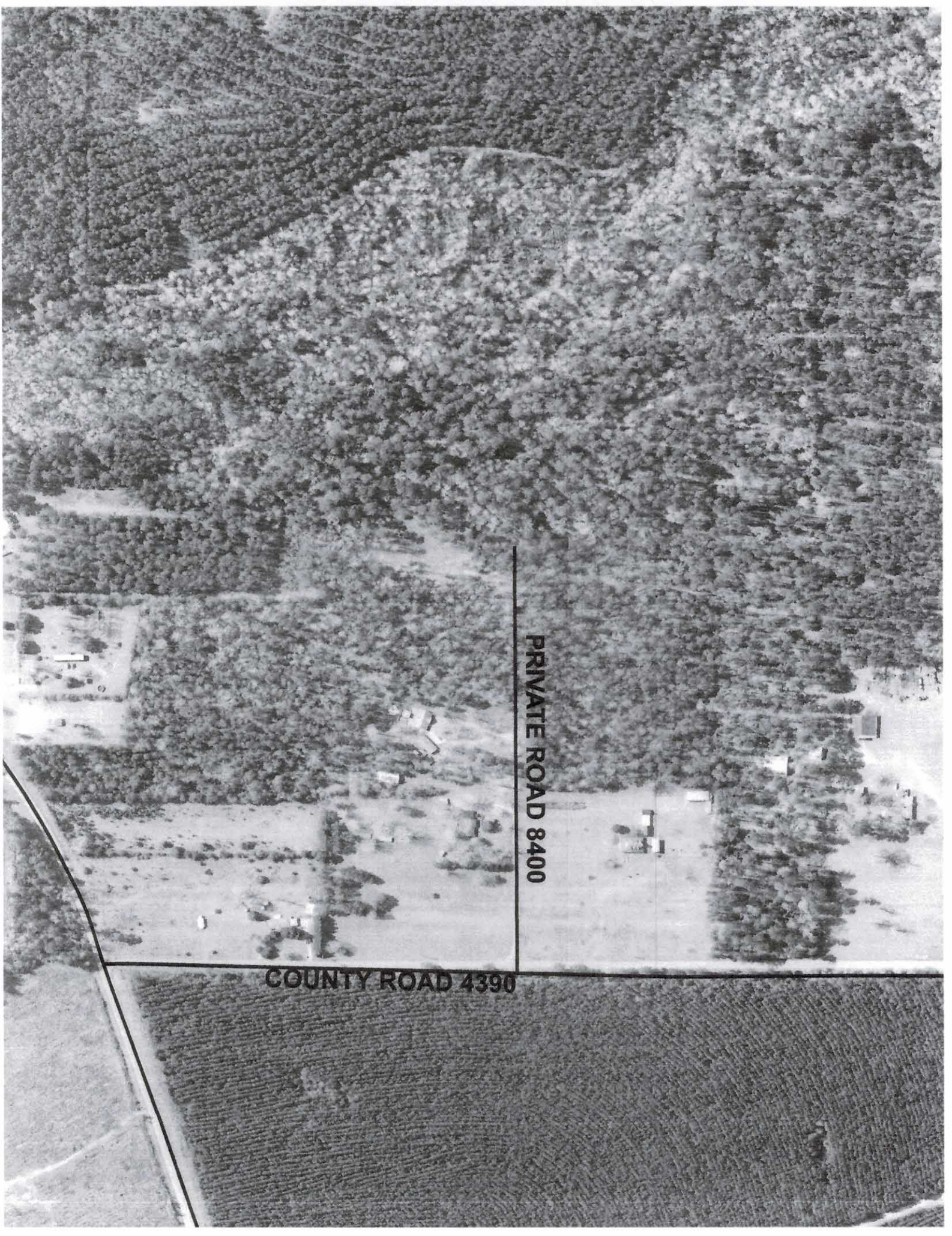
Copy (form only) provided to originating staff & filed by:

_____ *Date Stamp:*

COUNTY ROAD 4390

PRIVATE ROAD 8400





PRIVATE ROAD 8400

COUNTY ROAD 4390



PRIVATE ROAD 8400

BISLE SA

C. TESTE

BRANTLEY ESD 2970

CARSON REST

JONES

DAVIS

NAGYPAL BELA N

MCMILLAN POLLY LOVE

JONES

PRIVATE ROAD 8400

BIBLE SAMANTHA

HOOKS CHESTER B JR & BRENDA

BRANTLEY CHARLES D & RHONDA M

HATTON DAVID W

NOLD JAMES DAVID

CARSON FORREST

DETCOG
ROAD NAME CHANGE
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Date: 9/20/2019

REQUESTED ROAD NAME CHANGE:

PROPOSED ROAD NAME: **PRIVATE ROAD 8418**

DETCOG STAFF _____

COUNTY COMMISSIONER

Charles Hudson

COUNTY JUDGE _____

DATE _____

DETCOG Staff Use Only:

() *Notifications mailed with copy attached*

() *GIS data changed*

() *Intrado Data Changed*

Staff Completing Change: _____

Date: _____

Supervisor Verification: _____

Date: _____

Copy (form only) provided to originating staff & filed by:

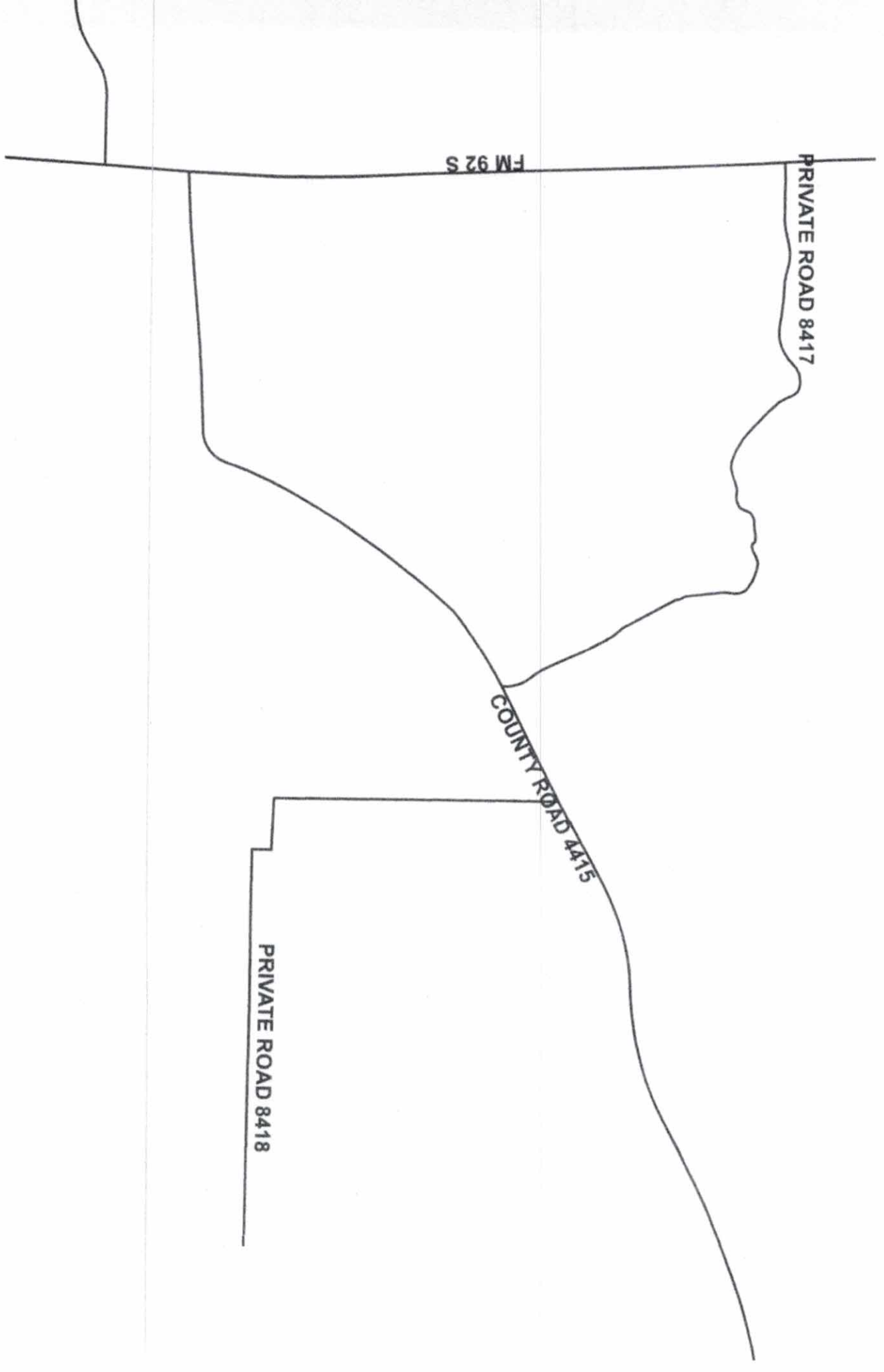
Date Stamp:

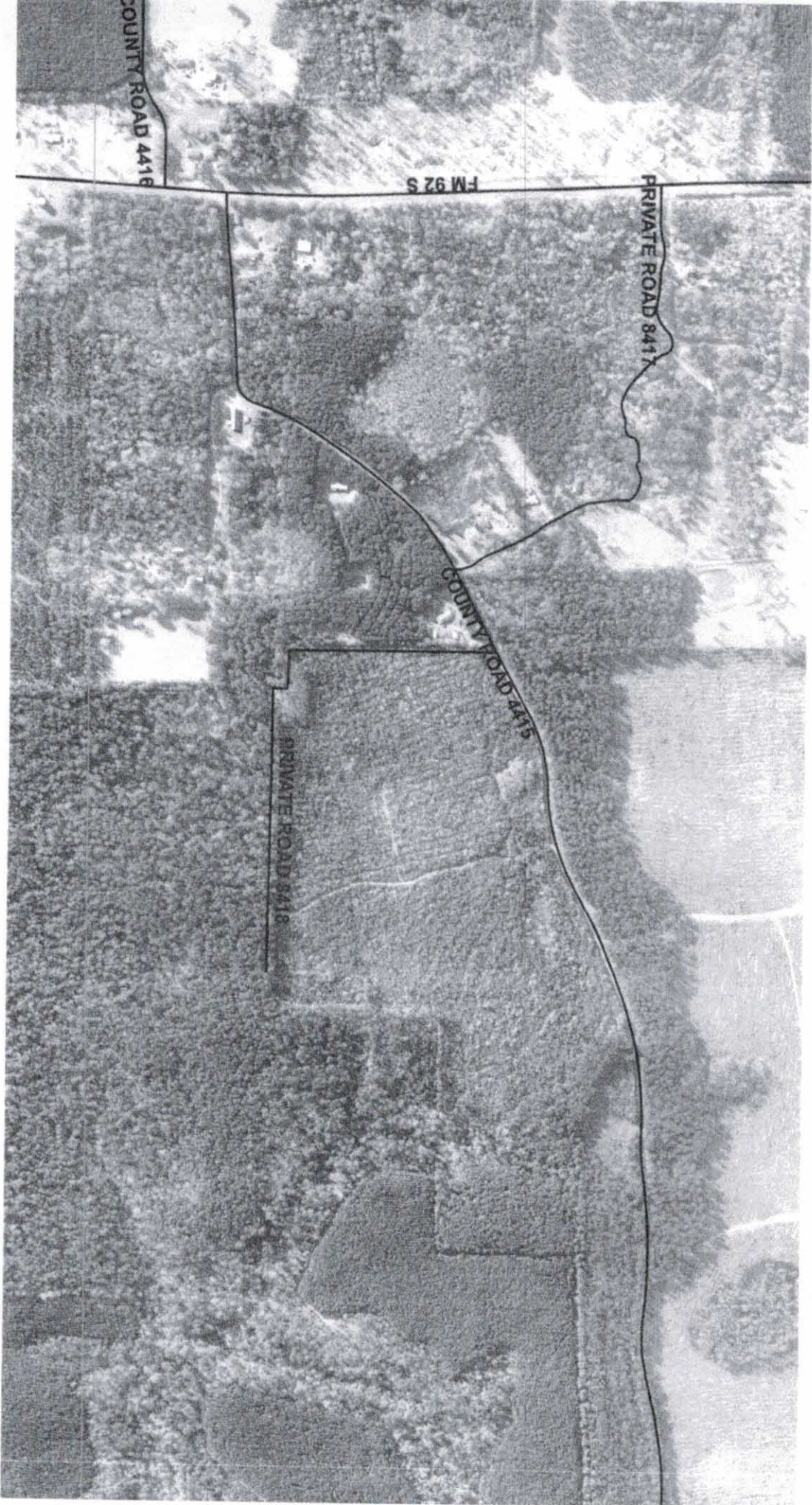
PRIVATE ROAD 8417

FM 92 S

COUNTY ROAD 4415

PRIVATE ROAD 8418







TYLER COUNTY

RR 3418

DETCOG
ROAD NAME CHANGE
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Date: 9/20/2019

REQUESTED ROAD NAME CHANGE:

PROPOSED ROAD NAME: **PRIVATE ROAD 8600**

DETCOG STAFF _____

COUNTY COMMISSIONER

Charles Hudson

COUNTY JUDGE _____

DATE _____

DETCOG Staff Use Only:

() *Notifications mailed with copy attached*

() *GIS data changed*

() *Intrado Data Changed*

Staff Completing Change: _____ *Date:* _____

Supervisor Verification: _____ *Date:* _____

Copy (form only) provided to originating staff & filed by:

_____ *Date Stamp:*

COUNTY ROAD

PRIVATE ROAD 8600

CR 4653
COUNTY ROAD 46E



COUNTY ROAD 4653

PRIVATE ROAD 8600

COUNTY ROAD 4633