

# PBOT

PORTLAND BUREAU OF TRANSPORTATION

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**Dan Saltzman** Commissioner **Leah Treat** Director

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**PETITION TO RENAME A CITY STREET**  
**(Minimum 2,500 signatures from residents 16 and older within Portland City Boundaries)**

To the Council of the City of Portland:

We, the undersigned, do hereby support the application to rename SW STARK STREET as SW HARVEY MILK STREET

| No. | Signature | Printed Name | Address / City / Zip Code | Phone number (optional) | Date | At least 16 years old? |
|-----|-----------|--------------|---------------------------|-------------------------|------|------------------------|
| 1   |           |              |                           |                         |      | Yes / No               |
| 2   |           |              |                           |                         |      | Yes / No               |
| 3   |           |              |                           |                         |      | Yes / No               |
| 4   |           |              |                           |                         |      | Yes / No               |
| 5   |           |              |                           |                         |      | Yes / No               |
| 6   |           |              |                           |                         |      | Yes / No               |
| 7   |           |              |                           |                         |      | Yes / No               |
| 8   |           |              |                           |                         |      | Yes / No               |



*The Portland Bureau of Transportation fully complies with Title VI of the Civil Rights Act of 1964, the ADA Title II, and related statutes and regulations in all programs and activities. For accommodations, complaints and information, call (503) 823-5185, City TTY (503) 823-6868, or use Oregon Relay Service: 711.*

| No. | Signature | Printed Name | Address / City / Zip Code | Phone number (optional) | Date | At least 16 years old? |
|-----|-----------|--------------|---------------------------|-------------------------|------|------------------------|
| 9   |           |              |                           |                         |      | Yes / No               |
| 10  |           |              |                           |                         |      | Yes / No               |
| 11  |           |              |                           |                         |      | Yes / No               |
| 12  |           |              |                           |                         |      | Yes / No               |
| 13  |           |              |                           |                         |      | Yes / No               |
| 14  |           |              |                           |                         |      | Yes / No               |
| 15  |           |              |                           |                         |      | Yes / No               |
| 16  |           |              |                           |                         |      | Yes / No               |
| 17  |           |              |                           |                         |      | Yes / No               |
| 18  |           |              |                           |                         |      | Yes / No               |
| 19  |           |              |                           |                         |      | Yes / No               |
| 20  |           |              |                           |                         |      | Yes / No               |

**Signature Collector(s)**

Name: \_\_\_\_\_

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

|  |
|--|
| <p>For Official Use Only</p> <p>Sheet ___ of ___</p> |
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