Nebraska State Highway Commission

Nebraska Department of Transportation ⬧  1500 Hwy 2, PO Box 94759, Lincoln NE 68509

Sarah Soula, Commission Secretary ⬧ 402-479-4512 ⬧ sarah.soula@nebraska.gov

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| --- | --- | --- |
| **Highway Naming Application** | Date of Application: |        |
| Proposed name:       | Memorial [ ]  Highway [ ]  Bridge |
| **DOT-OI 60-01****Item 1** | Highway segment or bridge *(individual interchanges, rest areas, interstate segments, or previously named roads/bridges are not eligible. Please include location map.)* |       |
| Location *(both termini)* |       |
| Sponsoring Organization *(include cover letter)* |       |
| Contact Person |       |
| Contact Information: mailing address |       |
| Contact Information: email address |       |
| Contact Information: phone number(s) |       |
| Local Jurisdiction(s) – *Please list all affected county and/or city, and/or tribal, and/or contiguous state authorities.* |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DOT-OI 60-01****Item 2** | **Dated** | **Resolution from County:** | **Contact Person** | **Position/Title** | **Phone** |
|       |       |       |       |       |
| **Notes:**      |
| **Dated** | **Resolution from County:** | **Contact Person** | **Position/Title** | **Phone** |
|       |       |       |       |       |
| **Notes:**      |
| **Dated** | **Resolution from City/Village:** | **Contact Person** | **Position/Title** | **Phone** |
|       |       |       |       |       |
| **Notes:**      |
| **Dated** | **Resolution from**      **:** | **Contact Person** | **Position/Title** | **Phone** |
|       |       |       |       |       |
| **Notes:**      |
| **Dated** | **Resolution from**      **:** | **Contact Person** | **Position/Title** | **Phone** |
|       |       |       |       |       |
| **Notes:**      |
| **DOT-OI 60-01****3a** |  |
| Date of Death:       |
| **Notes:**      |
| **DOT-OI 60-01 3b** |  |
| Date of Birth: *(if applicable)*       |
| **Notes:**      |
| **DOT-OI 60-01 3b(1)** |  |
| Location of Birth: *(if applicable)*       |
| **Notes:**      |
| **DOT-OI 60-01 3b(2)** |  |
| Dates of Residence: *(if applicable)*       |
| **Notes:**      |
| **DOT-OI 60-01 3b(3)** |  |
| City/County of Residence: *(if applicable)* |
| **Notes:**      |
| **DOT-OI 60-01****3c** |  |
| Briefly summarize how the proposed honoree is widely recognized across the entire State and has contributed to the betterment of Nebraska. |
|        |
| **DOT-OI 60-01****3 d & e** |  |
| Briefly list and describe contribution(s) to the State of Nebraska: |
|        |