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: | | | | |
|  | | | | |