



DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division - Historic
Designation Advisory Board

FILE NUMBER: Legislative Policy Division - Historic
Designation Advisory Board-0033

*** RE:**

Submitting report related to: Secondary Street Name Review

*** SUMMARY:**

Secondary Street Name Review

*** RECOMMENDATION:**

For Review

*** DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley
Position: Administrative Assistant

***=REQUIRED**