### CITY OF LOS ANGELES OFFICE OF THE CITY CLERK



### APPLICATION TO NAME OR RENAME COMMUNITIES

#### Filing Requirement

Pursuant to Council action of January 31, 2006 (Council File 02-0196), an application, including a petition, must be submitted to either change a neighborhood name or create one where none previously existed. The petition must contain a minimum of 500 signatures of individuals who either reside in and/or have businesses, both profit and nonprofit, in the neighborhood being named or re-named. If the population of the neighborhood is under 2,500 people, then 20% of the population of the area being named or renamed is required. No fee is required for the submission of this application.

Please check one:	0	Name Community	0	Rename Existing Community
Petition Attached:	0/	500 signatures	0	20% of population
				Population Total x .2 = No. of signatures required
1. APPLICANT I	NFORMA	TION		

The application requests advocates for a name change to form a group of two or more members who reside within the boundaries of the area to be named.

### **Primary Applicant**

Name: Li	ZAPRAGA	MILAGROS	¥
	Last	First	M.I.
I	IMENEZ,	PATRICIA	_
Mailing Addr	ess: 5913	GREGORY AVE NU	ie #3
0		Street Address	
Los	ANGELE City	S, CA	90038
	City	State	Zip
Telephone: _	805-501	- 4569 FAX:	
Email: <u>Mì</u>	LAGROS . Li	ZARRAGA @ GMAIL.	COM

## APPLICATION TO NAME OR RENAME COMMUNITIES

## Names and Contact Information of Other Advocates in Group

1.	Name: <u>GONZALEZ</u> Last	FLA Vi O First	D
	Last	First	M.I.
	Mailing Address: 5870 MEL	LROSE AV Street Address	E NUE
	LOS ANGELES City	<u>CA</u> State	90038 Zip
	Telephone: 818-523-2530		
	Email: CALLME FLAVIO OC	SMAIL . COM	
	*********	*******	
2.	Name: <u>SANCHEZ</u> , <u>AI</u> Last	<u>3EL</u> First	M.I.
	Mailing Address: 6126 EL	EANOR, Street Address	AMENUE #44
	LOS ANGELES	C A State	90038 Zip
	Telephone: 714 - 234 - 953	+ <u>9</u> FAX:	
	Email: ARTES ANTO @ SBC	GloBAL. COL	М

## \*\*Please include additional members on separate sheet. \*\*

# 2. COMMUNITY INFORMATION

Current Name of Community (if appl	icable):	MA	
Reason for Name Change (Please s	tate historical pro	ecedent or other reason):	

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Street boundaries of the community to be named / renamed (Please attach map and/or legal PLEASE SEE ATTACHMENT description): TO THE NORTH, DE LONGPRE AVENUE FO THE SOUTH SIDE OF THE AVENUE. TO THE WEST, VINE STREET TO THE WEST SIDE OF THE STREET. TO THE SOUTH, MELROSE AVENUE TO THE NORTH SIDE OF THE AVENUE. TO THE EAST, VINE STREET TO THE EAST SIDE OF THE STREET IN THE CITY OF LOS ANGELES. Funding source(s) (cost is \$300-\$3000): COMMUNITY DONATIONS ON BEHALF OF THE AFOREMENTIONED ADVOCATES, THE UNDERSIGNED AGREES TO PROMPTLY NOTIFY THE CITY CLERK OF CHANGES TO THE FOREGOING INFORMATION AND AGREES TO SUBMIT A REVISED APPLICATION AND PETITION IN THE EVENT THAT THIS OCCURS. *ℓ* -∠ Signature 3/20/13 To be filed in the: Office of the City Clerk 200 North Spring Street, Room 395 Los Angeles, California 90012 sharon.dickinson@lacity.org; 213-978-0420 For Office of City Clerk Use Only Date Application/Petition Received: \_\_\_\_\_ Content Review Period End Date: \_\_\_\_ Council District(s) \_\_\_\_\_ Neighborhood Council(s) Complete and Approved for Filing: Incomplete – Date Returned to applicant: Reason returned: Date Application & Petition Filed: Council File Number: Public Hearing Deadline:

O:\Docs\Community Naming\templates\Renaming Application 093010.doc



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