

APPENDIX C.

**U.S. Department of the Interior
U.S. Geological Survey**

Domestic Geographic Name Report

1. Use this form to recommend a feature name or to suggest a name change.

2. For features on Federal lands, coordinate requests with the agency (U.S. Forest Service, National Park Service, Bureau of Land Management, etc.) for the administrative area in which the feature is located.

3. On the reverse side of this form give information on the local usage and authority for recommended name.

4. For more information about the Geographic Names Information System or the National Gazetteer program, contact the U.S. Board on Geographic Names at 703-648-4544.

5. Return this form to:

Executive Secretary for Domestic
Geographic Names
U.S. Geological Survey
523 National Center
Reston, VA 20192

Action Requested:	Recommended Name
Proposed New Name	_____
Application Change	State _____
Name Change	County or Equivalent _____
Other	Administrative Area _____

Specific Area Covered:

Latitude: ____° ____' ____" N S Longitude: ____° ____' ____" W E Mouth End Center

Latitude: ____° ____' ____" N S Longitude: ____° ____' ____" W E Heading End

Section(s) _____ Township(s) _____ Range(s) _____ Meridian _____ Elevation ____ ft./m.

Type of Feature (stream, mountain, populated place, etc.): _____

Is the feature identified (including other names) in the Geographic Names Information System (GNIS)?
 Yes No Unknown If yes, please indicate how it is listed: _____

Description of Feature (physical shape, length, width, direction of flow, etc.): _____

Maps and Other Sources Using <i>Recommended</i> Name (include scale and date)	Other Names (variants)	Maps and Other Sources Using Other Name or Applications (include scale and date)

Name Information (such as origin, meaning of the recommended name, historical significance, biographical data (if commemorative), nature of usage or application, or any other pertinent information):

Is the recommended name in local usage? Yes No If yes, for approximately how many years? _____

Is there local opposition to, or conflict, with the recommended name? Yes No (If yes, explain)

For proposed new name, please provide evidence that feature is unnamed:

Additional information:

Copy Submitted By (name):	Title	Telephone (day)	Date
Company or Agency	Address (City, State, and ZIPCode)		
Copy Prepared By (if other than above):	Title	Phone (day)	Date
Company or Agency	Address (City, State, and ZIPCode)		

Authority for Recommended Name	Mailing Address and Telephone	Occupation	Years in Area