



APPLICATION FOR RE-NAMING A CITY PARK OR FACILITY FORM

Submit form to: City of Owen Sound, c/o Briana Bloomfield,
808 2nd Avenue East, Owen Sound, ON N4K 2H4, 519-376-4440 Ext. 1247 or e-mail
bbloomfield@owensound.ca

A. APPLICANT INFORMATION (can be an individual or organization)		
Last Name		First Name
Address		Email
City	Postal Code	Province
Telephone Number Work:		Telephone Number Home:
B. PROPOSED RE-NAMING OF PARK OR FACILITY		
Current Name of Park or Facility		
Proposed Name of Park or Facility		
Address		
C. REASONS IN SUPPORT OF RE-NAMING -please refer to Policy CS-087		
Using the space provided, please accurately and completely document the reasons in support of re-naming (including primary sources) while referencing Policy CS-087. Please attach additional pages if necessary.		

D. SIGNATURE OF APPLICANT

Date

Signature

E. CITY USE

Date Received

Date Application Deemed Complete

Signature

Resubmission Date

F. APPLICATION INFORMATION

Return Application to:

City of Owen Sound
c/o Briana Bloomfield
808 2nd Avenue East
Owen Sound, ON N4K 2H4
Tel: 519-376-4440 ext. 1247; Fax: 519-376-6028
E-mail: bbloomfield@owensound.ca