



APPLICATION FOR 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. SUGGESTED NAME OF PARK OR FACILITY		
Name of Park or Facility		
Address		
C. HONOURIFIC NAMING -please refer to Policy CS-087		
<p>Using the space provided, please accurately and completely document the benefit to the Community, City, Province, or Nation made by this individual or organization. Please attach additional pages if necessary.</p> <p>Ensure this contains sufficient information to document the principal legacy of the person or organization.</p> <p>If an honourific naming is being made posthumously, please attach permission of the individual's immediate family or executors.</p> <p>Please ensure to cover 2 timeframes:</p> <ul style="list-style-type: none">a) The era in which honourific lived and worked;b) Time of naming decision.		

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