

MUNICIPAL ASSET NAMING POLICY APPLICATION

For Office Use Only				
Application #:		Date Received:		
Approval or Rejection Date:				
ADDLICANT / NOMINATOR'S INFORMATION:				

Name:	Telephone:	
Mailing Address:		
Email Address:		

NOMINATED NAME DETAILS:

Proposed Name:			
Suggested Use of Name (please select):		Park	Facility / building
		Street	Other:
Details of Location (ple preferred location of th one):			

NAMING CRITERIA:

Please check off all criteria that have been met by your suggested name. There is space in this section to provide further details.

Does the name give a sense of place, continuity, belonging and celebrate the distinguishing characteristics and uniqueness of the Township of Brock.
Does the name promote pride in the municipality, acknowledge local heritage, history, and recognize unique features and geography.
Please confirm that the name is not discriminatory, derogatory or political in nature. Names conveying a secondary negative or offensive connotation, any sexual overtones, inappropriate humour, slang or double meanings shall be avoided.

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The name uses no hyphens, apostrophes or dashes.	
The name honours the significant contributions of an individual, family or group.	
The name recognizes the contributions of and organization.	
Individuals and/or family members have been asked permission to use the suggested name.	
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RATIONALE FOR NAME:	
Please provide a rationale for your nomination that includes any background information related to the criteria provided that provides support for your recommendation.	ated
to the chiena provided that provides support for your recommendation.	
ADDITIONAL INFORMATION:	
Please provide any additional information you feel is important for staff and Council for decide to approve or deny this name to be used in naming a municipal asset.	gnik
to approve of dony the name to be used in naming a maniopal asset.	
Signature of Applicant Date	