

TOWN OF INUVIK APPLICATION – NAME OR RENAME A MUNICIPAL FACILITY OR PARK

TOWN OF INUVIK POLICY FP.008 – Naming a Municipal Facility or Park

Applicant Information

Applicant Name: _____

Mailing Address: _____

Phone Numbers: _____ (home) _____ (work) _____ (cell)

E-mail: _____

Details

Name to be assigned to (choose one):

Municipal Facility Park

Type of Name (choose one):

New Name Rename an Existing Municipal Facility or Park

Location of facility or park. Please include a scaled drawing showing the area.

Existing Name (if any):

Proposed Name:

What is the reason or justification for this request?

If this request includes the name of a person or persons, have you received consent from that person or their family to use their name?

Yes No

If this request includes the name of a person or persons, please provide a brief biography of that person. You may also include newspaper clippings, letters of support, articles, or awards to support this request.

In addition to this application form, please provide a list of affected property owners and documentation confirming that they approve of proceeding with this application.

Applicant Signature: _____ Date _____

SUBMISSION CHECKLIST

- Completed Application Form and Supporting Documents
- Scaled Drawing Showing Areas Affected by the Proposed Name or Name Change
- List of Affected Property Owners
- Proof of Consent from Affected Property Owners

Date Application Received: _____

Date Reviewed by Naming Committee: _____

Date Name Added to Names Reserve List: _____

Municipal Address Changes Required? Yes No

Has applicant been advised of decision? Yes No Date: _____

Has change been advertised to the public? Yes No Date: _____

Has signage been changed if required? Yes No Date: _____

Notes (if any):
