



## Municipal Facility and Street Naming Application and Requirements

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

PROPOSED NAME(S) (attach additional pages or drawings as required):  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Type of Name:</b>		
<input type="checkbox"/> New Name	<input type="checkbox"/> Rename	<input type="checkbox"/> Community

<b>Name Assigned to:</b>		
<input type="checkbox"/> Road	<input type="checkbox"/> Park	<input type="checkbox"/> Municipal Facility
<input type="checkbox"/> Development Area	<input type="checkbox"/> Names Registry	<input type="checkbox"/> Other: _____

<b>Information Required:</b>	
<input checked="" type="checkbox"/> Reason / Justification for Request	<input checked="" type="checkbox"/> Articles / newspaper clippings, if applicable
<input checked="" type="checkbox"/> Biography of the person, if available	<input checked="" type="checkbox"/> Awards / citations, if applicable
<input checked="" type="checkbox"/> Family consent, if available	<input checked="" type="checkbox"/> Description of theme, if applicable
<input checked="" type="checkbox"/> Site location (provide address or map showing the site)	

<b>Municipal Address Change(s) Required?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

***Please be advised that the applicant will pay for the costs incurred by the City of Medicine Hat to rename a park, road, or a municipal facility.***

Please forward your completed application to:

Municipal Naming Committee  
 City Clerk  
 City of Medicine Hat  
 580 First Street SE  
 Medicine Hat, AB T1A 8E6

City of Medicine Hat Municipal Names Committee use only	
Date Application Received: _____	File Number(s): _____

Pursuant to s. 33 (c) of the Freedom of Information and the Protection of Privacy Act, the personal information collected on this form is for the purpose of an operating program of the City of Medicine Hat. Questions regarding the collection and use of personal information can be directed to the FOIPP Head of Local Body at 403.529.8234.