

TOWNSHIP OF SOUTH STORMONT

Application Form Commemorative Naming

Name: Mailing Address: Telephone:	A. N	OMINATOR'S INFORMAT	「ION (Individual or organization)
Telephone:	Nam	e:	
Affiliation to Nominee: B. NOMINEE'S INFORMATION Name: Mailing Address: Telephone: Email: Applicable Criteria (select all applicable criteria): Commemorative naming is the recognition of individuals or events of significance. The nominated individual shall have worked hard to foster equality and reduce discrimination; The nominated individual shall have risked or given his/her life to save or protect others; Where the nominated individual is a current Township employee, the individual shall have made an outstanding contribution to the Township of South Stormont outside of his/her capacity and duties as a Township employee or they may recognized for their exceptional service once they are no longer an employee. An individual may be recognized for a significant financial contribution to a park of facility. In instances where financial contributions are tied to a financial sponsorship agreement such agreement conditions shall prevail; and The nominated name has historical significance.	Mailii	ng Address:	
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C. RATIONALE FOR NOMINATION (attach additional information if necessary)	Comm	The nominated individual shall have worked hard to foster equality and reduce discrimination; The nominated individual shall have risked or given his/her life to save or protect others; Where the nominated individual is a current Township employee, the individual shall have made an outstanding contribution to the Township of South Stormont outside of his/her capacity and duties as a Township employee or they may recognized for their exceptional service once they are no longer an employee. An individual may be recognized for a significant financial contribution to a park of facility. In instances where financial contributions are tied to a financial sponsorship agreement such agreement conditions shall prevail; and The nominated name has historical significance.	
	C. R	ATIONALE FOR NOMINA	ATION (attach additional information if necessary)

Please describe the rationale for Nomination and attach background information

related to criterion chosen, which substantiates all claims made (include copies
of newspaper articles, certificates, awards, letters of support or commendation, service records, pictures, etc.

D. CONSENT	
MUNICIPAL FREEDOM OF INFORMATION AND PRO Please note all information provided below and/or a part of the Naming Application Form and will there notices/advertisements produced, public Agenda a and Reports which may go forward to Council.	attached to this Application Form will form fore be released to the public in any public
Nominator's Signature	Date
Nominee's Signature (or next-of-kin)	Date