

Schedule "C"

By-law 2017-47

Application Form for the Naming/Renaming of Municipal Assets

Individual/Organization Submitting Name: _____

Mailing Address: _____

Telephone: _____

Email: _____

Location of Municipal Asset (street/road/facility/park/building/property/or open space):

Suggested Name: _____

Rationale for Suggested Name: _____

Where submitting an application which includes any individual or family name, (living or deceased) please attach:

1. Written documentation confirming the consent of the family or estate if the individual is deceased
2. Written history of the contribution(s) made or the historical significance of the name.

Where the suggested name is not an individual or family name, please attached written rational for the name including:

1. Location of the municipal asset
2. Historical significance
3. Geographical or natural/environmental feature

If the application is from an organization, the application must include an official letter of support from that organization.

Please return the completed application to:

Township of Edwardsburgh Cardinal
18 Centre St, PO Box 129
Spencerville, ON K0E 1X0
Phone: 613-658-3055
Toll-free: 1-866-848-9099