



**Naming of Corporate Assets  
Nomination Form**

Please refer to Policy S201-03 regarding eligibility and criteria.

**Section 1:**

Nominator's Information		
Name (Individual or Organization):		
Mailing Address:		
Phone Number:	Home:	Cell:
Email:		
Affiliation to Nominee:		

If the proposed name is intended to honor an individual or organization, please complete the section below. If the proposed name is not related to an individual, please proceed to Section 3.

**Section 2:**

Nominee's Information		
Name (As you would like it to appear):		
Mailing Address:		
Phone Number:	Home:	Cell:
Email:		
Nominee Signature or two (2) signing authorities of the organization being nominated:		
Nominee: _____		
Authority 1 Name: _____ Authority 2 Name: _____		
Signatures:		
Authority 1: _____ Authority 2: _____		

**Section 3:**

Names unrelated to an Individual or Organization	
Name Request:	
Meaning of Name or Translation:	

**Section 4:**

If approved, the name will appear on the Municipal Names Registry. If you wish for the name request to be considered for a specific corporate asset, please identify it below:

Names unrelated to an Individual or Organization	
Municipal Road <input type="checkbox"/>	Open Space <input type="checkbox"/>
Municipal Building <input type="checkbox"/>	Park
Municipal Facility <input type="checkbox"/>	Other (please specify <input type="checkbox"/>
Room <input type="checkbox"/>	_____
Trail <input type="checkbox"/>	_____

**Section 5:**

Please provide the following information to the Clerk’s Department together with the complete application form:

Supporting Documentation	Included
<b>Individual and/or Organization Names</b>	
Background information and/or biographical information (if named after an organization or an individual) demonstrating that the proposed name is of significance to the community and/or the Town.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description demonstrating how the proposed name is consistent with the Guiding Principles contained within this Policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documentation including letters from organizations and individuals providing substantial support for the request.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documentation from the next of kin or legal representative supporting and/or authorizing the naming request.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Names unrelated to an Individual or Organization</b>	
Background information demonstrating that the proposed name is of significance to the community and/or the Town.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description demonstrating how the proposed name is consistent with the Guiding Principles contained within this Policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No



Personal information contained on this form is collected under the authority of section 11 of the Municipal Act 2001, SO2001, c.25. The information will be used for the purpose of administering the Town of Pelham Corporate Asset Naming Policy. Questions about this collection should be directed to the Office of the Town Clerk.