

Application for Naming or Renaming Public Properties or Facilities

Please Type or Clearly Print All Information

Applicant Name/Sponsoring Organization:

If Organization, name of Director/President:

Address of Applicant/Sponsoring Organization:

Contact Telephone Numbers for Applicant/Sponsoring Organization:

Home: _____ Office: _____ Cell: _____

Fax: _____

E-mail Contact for Applicant/Sponsoring Organization:

1. Request is for naming/renaming after and individual [] or an event []?

2. Address of Property Request is Submitted for:

3. Current name of Property/Facility:

4. Are you proposing a name change [] or an addition to existing designation []?

5. What is the reason for the proposed name change (attach a separate sheet if needed)?

6. Is there already a property with such a name in the City of Forsyth or in Monroe County?

Yes [] No [] If yes, what is the location?

7. Have all residents on the street or businesses which front on, back on, or otherwise adjoin the property been contacted?

If "Yes", please specify the names of those contacted and the response as to such contact.

If "No", please submit list of those not contacted and explain attempts to contact them.

8. Have you submitted a Petition (or Petitions) showing support of the community for the proposed name change?

Signature of Applicant, if Applicant is an organization, signature must be of the presiding officer:

Date of Application _____

Please attach check in the applicable amount made payable to The City of Forsyth

FOR OFFICE USE ONLY

City Manager recommends APPROVAL DENIAL ADDITIONAL INFORMATION

Public Hearing advertisement dates _____

Public Hearing date _____