



## Application for Naming or Renaming Public Properties or Facilities

Applicant Name/Sponsoring Organization:

If Organization, Name of Director/President:

Address of Applicant/Sponsoring Organization:

Address	City	State	Zip Code

Contact Telephone Numbers for Applicant/Sponsoring Organization:

Home:	Office:	Cell:	Fax:

Email Contact for Applicant/Sponsoring Organization	
---	--

1. Request is for name/renaming after an individual or an event ?

2. Address of Property Request is Submitted for:

Address	City	State	Zip Code

3. Current name of Property/Facility:

4. Are you proposing a name change or an additional 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?    Yes    No

If "Yes", please specify the names of those contacted and 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 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: \_\_\_\_\_