



SIGNIFICANT NAMES REGISTRY APPLICATION

As per Stony Plain's Town Naming Policy

DATE RECEIVED:		RELATED FILE NO.:	
1. APPLICANT INFORMATION			
NAME:		COMPANY:	
ADDRESS:			
CITY:		PROV:	P/C:
EMAIL:		PHONE:	
2. PURPOSE			
I AM SUBMITTING : ☐ An individual's name ☐ A family name ☐ An organization's name			
3. PROPOSED NAMING OPTION(S)			
1. _____		2. _____	3. _____
4. RATIONALE FOR PROPOSED NAMING OPTION(S)			
How was/is the individual, family, or organization instrumental in the history or development of Stony Plain?			
_____ _____ _____ _____			
Please indicate the broad range of services or community activities the individual, family, or organization was/is involved with:			
_____ _____ _____			
5. AUTHORIZATION			
initial	I acknowledge that I have reviewed the Town Naming Policy and have proposed naming options that comply with the policy.		
initial	I hereby certify that I am: ☐ The individual/family of the individual named for consideration; or ☐ Authorized to act on behalf of the individual, family, or organization named for consideration.		
initial	I hereby acknowledge that I have gathered input from the community that supports use of this name throughout the community and have included a summary of this input as part of my application.		
initial	I hereby authorize the Town of Stony Plain to assign this name to features within the community.		
initial	I declare that the information given on this form is full and complete and is, to the best of my knowledge, a true statement of facts relating to this application for naming. Therefore, I give consent for use of this personal information for purposes related to the Town Naming Policy.		
DATE:		NAME:	SIGNATURE:

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