

PUBLIC FACILITIES/PARKS NAMING/MEMORIAL PLACEMENT NOMINATION FORM

NOMINATOR	NAME OF NOMINATOR <i>(Person or Organization)</i>		Relationship to Nominee
	Title		Representing
	Address		City/State/Zip
	Phone	Fax	Email

RECOMMENDATION	RECOMMENDED NAME OF FACILITY/PARK
	CURRENT NAME OR BUILDING USE <i>(Youth Center, Community Center, Water Treatment Facility, Park, etc.)</i>
	ADDRESS OR LOCATION <i>(Building/Memorial Placement)</i>
	PLEASE EXPLAIN YOUR IDEA FOR SIGNAGE OR MEMORIAL <i>(i.e. wood sign, bronze plaque, plastic signage, etc.) (Attach drawing or photos if possible).</i>
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	PLEASE USE THE BELOW AREA TO PROVIDE A DIAGRAM OF THE AREA REQUESTED FOR PLACEMENT OF MEMORIAL OR PLAQUE. (If applicable)

FOR OFFICE USE ONLY	CITY STAFF REVIEW	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	PARKS AND RECREATION COMMISSION RECOMMENDATION:		
	Date of Meeting: _____	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DECLINE
	CITY COUNCIL ACTION DATE: _____	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DECLINE