



Commemorative Naming Application (Major Asset – Park, Facility, Street)

Applicant Information

First Name		Last Name	
Street Number	Street Name		Suite/Unit Number
City/Town		Province	Postal Code
Primary Telephone Number	Alternate Telephone Number		Email

Location of Major Asset – Name of Park, Facility, Street

Please name the park, facility, street you are looking to commemoratively name/ re-name:

Commemoration Request

Please provide the name for the commemoration (ie. individual/ organization):

Applicable Criteria/ Information

Please provide the following information (attached to this application form) about the commemoration request:	
Background information concerning the rationale for consideration of the request	
Biographical information of the named individual/ organization	
Documentation including letters of support for the commemoration of the named individual/organization	

How to submit the form and payment (if applicable)

Please submit this application form via email to clerks@arnprior.ca		
Once your application has been approved, Staff will contact you with payment options.		
For additional information, please call the Clerk's Office - 613-623-4231 Ext. 1819 email clerks@arnprior.ca		
All commemorations made to the Town of Arnprior must be given unconditionally and voluntarily without any expectation of benefit.		
Would you like a certificate to accompany the commemoration (suitable for framing)?	Yes	No

Applicant Signature	Date (yyyy/mm/dd)
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For Office Use Only

Staff Initials	Position Assigned	Location	Date Contacted
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Note: Should anything on this form be found to be incorrect or inaccurate, under any circumstance, the Town reserves the right to remove the commemorative item."

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION: Personal information collected on this application form is collected under the authority of the Municipal Act, 2001 and will be used for the purpose of processing the application and for administrative purposes. Questions about the collection and use of this information in accordance with the Municipal Freedom of Information and Protection of Privacy Act may be made to the Town Clerk, 105 Elgin Street West, Arnprior, ON K7S 0A8 or by phone: (613) 623-4231 ext. 1817.



Commemorative Naming Application

Affidavit

To be completed by the applicant/nominee

I _____, of the Town/City of _____ in the

Province of _____, say to the best of my knowledge that:

1. I myself and the nominee (if applicable) have never been convicted of an offence as set out in a Federal/ Provincial Statute.
2. I myself and the nominee (if applicable) do not have any outstanding convictions or infractions as set out in the Provincial Offences Act and/or any Town of Arnprior Municipal By-laws.
3. I, on behalf of myself and the nominee (if applicable), make this Affidavit, to the best of my knowledge in support of the Commemorative Naming Policy and the applicable application form attached, and for no improper use.

Signature of Commissioner, etc.

Signature of Applicant

Sworn before me at the

Town/City of _____ in the

Province of _____ this

_____ day of _____, 20_____.