Municipal Naming Nomination Form

Legislative Services – Municipal Naming Committee
P.O. Box 157, 97 Hurontario Street
Collingwood, Ontario L9Y 3Z5
705-445-1030
clerk@collingwood.ca

Accessible formats and communication supports available upon request.

Submission are reviewed in accordance with the Municipal Naming Policy and Municipal Naming Procedure.

1. Application Information:

Name: _____

Organization (if applicable): _____

Address: _____

Town: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

Email: _____

☐ I am a resident of the Town of Collingwood.

☐ I am submitting this nomination on behalf of an organization (please specify above)

2. Proposed Name:

Proposed Name: _____

Type of Naming Request (select one):

☐ Municipal Facility

☐ Park / open space

☐ Element of a facility or park

☐ Future municipal asset (name for Municipal Names Registry)

☐ Future street name (name for Approved Street Name List)

If known, identify the specific asset or element the name is being suggested for:

_____

3. Category:

Category of Name (select all that apply):

- ☐ Individual (living or deceased)
- ☐ Family
- ☐ Organization / Group
- ☐ Geographic feature or landmark
- ☐ Historical / cultural reference
- ☐ Indigenous history or heritage
- ☐ Other (please describe)

4. Rationale and Significance:

Please explain the significance of the proposed name and how it aligns with at least one of the Municipal Naming Principles (historical significance, community relevance, inclusivity, preservation of identity, longevity, recognition of contributions).

Rationale / Background:

5. Eligibility Criteria:

*Complete this section if the proposed name honours an individual or organization.

Name of Individual / Organization:

Please confirm and provide supporting details:

☐ Past or present resident of the Town of Collingwood
☐ Demonstrated outstanding achievements or contributions benefitting the community
☐ Demonstrated volunteer service or civic involvement
☐ Possesses sound moral and social character

☐ (If former Town staff) Provided exceptional service benefitting the Town

Description of Contributions (attach additional pages if needed):

6. Status of the Individual (if applicable):

☐ Living individual
☐ Deceased individual (posthumous)

If the nomination is for a **living individual**, written consent is required.

- **Consent attached:** ☐ Yes ☐ No

If the nomination is **posthumous**, please confirm:

- **Next of kin notified / consent obtained where possible:** ☐ Yes ☐ No

7. Sponsorship or Donation (if applicable):

Is this nomination associated with a financial or in-kind contribution to the Town?

☐ No ☐ Yes (please describe):

- **Type of contribution:** ☐ Financial ☐ In-kind ☐ Property
- **Estimated value (if known):** _____

Note: Sponsorship and donor-related naming is subject to additional review, valuation thresholds, and formal agreements.

8. Supporting Documentation:

Please attach any relevant materials that support this nomination:

☐ Historical records / references

☐ Letters of support

☐ Proof of eligibility or contributions

☐ Maps, photos, or contextual information

☐ Consent documentation (if required)

9. Privacy and Acknowledgement:

The names of nominators, nominees and qualifying information provided within this nomination form will be subject to the Municipal Freedom of Information and Protection of Privacy Act. Questions about this collection should be directed to the Clerk of the Town of Collingwood, 97 Hurontario Street, Collingwood, ON L9Y 3Z5 T705-445-1030, Ext. 3225

By submitting this form, I confirm that:

- ☐ The information provided is accurate to the best of my knowledge.
- ☐ I understand that submission does not guarantee approval or adoption of the proposed name.
- ☐ I understand that the Municipal Naming Committee and Council retain final decision-making authority.

Signature:_____ Date: _____

Completed forms and supporting documentation should be submitted to:

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