



streets, parks, and civic properties

HRM COMMEMORATIVE NAME

APPLICATION FORM

Name (Individual or Organization): _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Telephone: (Home) _____ (Work) _____

E-mail: _____

Requested Name: _____

Applicable Criteria (please select at least one)

<input type="checkbox"/> Individual(s) who have demonstrated excellence, courage or exceptional service to the citizens of the Halifax Regional Municipality, the Province of Nova Scotia and/or Canada	<input type="checkbox"/> Requested name is historically significant to the development of HRM, the Province of Nova Scotia and/or Canada
<input type="checkbox"/> Individual(s) who have an extraordinary community service record	<input type="checkbox"/> Requested name recognizes the flora and fauna of the local area
<input type="checkbox"/> Individual(s) who have risked his/her life to save or protect others	<input type="checkbox"/> Requested name recognizes geographical or topographical features of the area
<input type="checkbox"/> Requested name reflects the history and or culture of HRM's culturally diverse communities	<input type="checkbox"/> Requested name reflects or represents traditions and or tradition bearers

* please note that applications for people or persons will only be accepted after a minimum of one year from the date of death(s)



Please include the following information as part of your application:

- 1. Background information: Reason for request and/or description of the feature
- 2. Biography (where applicable): date of birth/death, place of birth, contributions, achievements, or other relevant information

And at least one of the following items:
Articles, newspaper clippings, awards, citations, letters of local support from neighbourhood groups or organizations, and/or written support from Municipal Councillor, MLA or MP.

- 3. If the name being requested is that of a person, the application must include family representative’s written permission, or if unavailable, written community support

Preferred Use of Name:

- Street
- Building
- Park
- Park Feature (field, playground, etc)
- Commercial Vessel or Ferry
- Any of the above

Preferred Location for Requested Name:

Indicate Community or Neighborhood Name: _____

Renaming Request:

Current Name: _____

Municipal Freedom of Information and Protection of Privacy Act Statement

In accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected in this application form will only be used and disclosed by HRM staff for the purposes as outlined in the Asset Naming Policy (HRM AO 46).

Applicant’s Signature _____ Date _____

Please send your completed application form to:
 HRM Civic Addressing
 PO. Box 1749
 Halifax Nova Scotia B3J 3A5

For additional information:
 490-5347
 civicadd@halifax.ca

