

<b>Name (Individual or Organization):</b>		<b>Phone:</b>	
<b>Address: (street number, street, city/community, province, postal code)</b>		<b>Alternate Phone:</b>	
<b>Email:</b>		<b>Requested name:</b>	
<b>Applicable Criteria (please select at least one)</b>			
<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 Halifax Regional Municipality, 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 reflects the history and or culture of Halifax Regional Municipality's culturally diverse communities		
<input type="checkbox"/>	Requested name recognizes geographical or topographical features of the area		
<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 the people or person(s) have retired from activity of service that forms the basis of the request.			
Please include the following information as part of your application:			
<ol style="list-style-type: none"> <li>Background information: Reason for request and/or description of the feature</li> <li>Biography (where applicable): date of birth/death, place of birth, contributions, achievements, or other relevant information</li> </ol> <p>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.</p> <ol style="list-style-type: none"> <li>If the name being requested is that of a person, the nominator must have family representative's written permission, or if unavailable, written community support</li> </ol>			
<b>Preferred Use of Name:</b>			
<input type="checkbox"/>	Street	<input type="checkbox"/>	Building
<input type="checkbox"/>	Park feature (field, playground etc)	<input type="checkbox"/>	Commercial vessel or ferry
<input type="checkbox"/>		<input type="checkbox"/>	Park
<input type="checkbox"/>		<input type="checkbox"/>	All of listed items
Preferred location for requested name:			
Indicate community or neighborhood name:			
Renaming request – current name:			
<p>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 Halifax Regional Municipality staff for the purposes as outlined in the Asset Naming Policy (Halifax Regional Municipality AO 46).</p> <p>Applicant's Signature _____ Date _____</p>			
<p><b>Please send your completed application form to:</b>            Halifax Regional Municipality Civic Addressing            P. O. Box 1749            Halifax Nova Scotia B3J 3A5</p>		<p><b>For additional information:</b>            902.490.5347            civicadd@halifax.ca</p>	