

Street Name Nomination Form

Applicant Name:		
If suggested name is an individual or family n	ame (please check all that apply)	
Applicant is a family member	Applicant has written authorizatior	n from a family member or estate
	(Please attach authorization to this	s form)
The Individual is Living	The Individual is Deceased	
Applicant Mailing Address:		
City:		
Postal Code:		
Telephone:		
Email:		
Rationale for suggested name:		
Please identify specific location/community if appropriate:		
Street Name Category:	Local Veteran or Hero	Natural Feature or Botanical Name
Historical Reference	Miscellaneous (Please Spe	ecify):
Please return completed application to:		
Development Services Planning Branch		
Town of East Gwillimbury, 19000 Leslie Street		
Sharon ON L0G 1V0 Phone 905-478-4282		
F	lanning@eastgwillimbury.ca	
Signature of Applicant	Date	
Personal information collected on the	s form will be used for the pur	pose of processing the application
submitted, in accordance with the Municip	al Act, 2001. Questions about	this collection should be directed to the
Clerk, Town of East Gwi	llimbury, 19000 Leslie Street,	Sharon, ON LOG 1V0

Telephone (905) 478-4282 / Fax (905) 478-2808.