

Street Name Nomination Form

Applicant Name:	
If suggested name is an individual or fami	ly name (please check all that apply)
Applicant is a family member	Applicant has written authorization from a family member or estate
	(Please attach authorization to this form)
☐The Individual is Living	The Individual is Deceased
Applicant Mailing Address:	
City:	
Postal Code:	
Telephone:	
Email:	
Rationale for suggested name:	
	
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Please identify specific location/comn (i.e., if individual was a resident of Queensville)	nunity if appropriate:
Street Name Category: Name of Outstanding Community Men	nber
☐ Historical Reference	☐ Miscellaneous (Please Specify):
Please return completed application to	:
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Development Services Planning Branch	
	of East Gwillimbury, 19000 Leslie Street
Sha	ron ON L0G 1V0 Phone 905-478-4282
	Planning@eastgwillimbury.ca
Signature of Applicant	