



City of Niagara Falls
Parks, Recreation and Culture
 7150 Montrose Road, Unit # 1
 Niagara Falls, Ontario
 L2H 3N3

Telephone: 905-356-7521, ext. 3330
 Fax: 905-356-7404
 E-mail: prc@niagarafalls.ca
 Website: www.niagarafalls.ca

NAMING / RENAMING REQUEST
OF A PARK/OPEN SPACE OR PARK FEATURE

Date of Submission: _____

NAME OF NOMINATOR	
Contact information of the person submitting the request.	
Name:	
Address:	
City:	
Postal Code:	
Telephone Number-Day:	Evening:
Email Address:	
NAME OF NOMINEE	
Contact information of the nominee, or in the event of a posthumous nomination, the contact information of the next of kin.	
Name of Nominee:	
Address:	
City:	
Postal Code:	
Telephone Number-Day:	Evening:
Email Address:	
Letter of consent from nominee or next of kin attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No
REQUEST DETAILS	
Please indicate the type of request you are making. Be sure to complete Parts A & B.	
PART A - Type of Request	
<input type="checkbox"/> Naming - Request to name an amenity not currently named.	
<input type="checkbox"/> Renaming - Request to rename an existing named amenity.	
For renaming requests only - Please indicate the existing name that you are requesting be changed.	

PART B - Type of Amenity to be considered:	
<input type="checkbox"/> Park/Open Space/Trail	
<input type="checkbox"/> Park Feature	
Specific Location/Address of Park/Open Space/Trail:	

PROPOSED NAME FOR CONSIDERATION:	

Reasons for Nomination and History of Nominee.

Please attach a written submission stating the reasons for the nomination. Be sure to include sufficient information as to how the proposed name satisfies the criteria of the policy. This may include, but is not limited to, background and/or biographical information and supporting documentation including letters of support, newspaper articles, etc.

Please submit the completed application package, with all accompanying documents to:

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