

NOMINATION FORM FOR NAMING OR RE-NAMING PARKS, FACILITIES OR STREETS



1. Name of Nominee: _____

- [] Individual [] Group [] Organization
2. Nominated By: Name: _____
Address: _____
City and Zip: _____
Telephone: _____
Organization: _____
3. Proposed [] Facility [] Park [] Street [] Other
Current Name: _____
Proposed Name: _____

PLEASE INDICATE THE CATEGORY THAT APPLIES TO THE NOMINATION:

- [] Service Recognition [] Monetary, Capital or Material
[] Recognition of Heroes [] Special Feature, Area, Locale

PLEASE FILL IN ONLY THE SECTION THAT APPLIES TO THE PROPOSED NOMINATION. ADDITIONAL COMMENTS CAN BE INCLUDED ON THE SECOND (2) PAGE AND/OR OTHER RELATED MATERIALS OR COMMENTS MAY BE ATTACHED TO THIS APPLICATION.

SERVICE RECOGNITION: (Individual, Group, or Organization)

1. Was service provided in a voluntary non-paid status or if a group or organization, was contribution provided outside the normal function of a profit making organization?
[] YES [] NO
2. Did the contribution exceed five (5) years in duration?
[] YES [] NO
3. Is the nominee an elected or appointed official?
[] YES [] NO
4. Did the contribution have a direct positive effect on the delivery of public services?
[] YES [] NO
5. If the nominee is DECEASED and provided service while they were in a pay status or they were an elected or appointed official, please indicate year of death.
Year of Death _____
A. Did the service exceed ten (10) years in duration?
[] YES [] NO



MONETARY, CAPITAL OR MATERIAL CONTRIBUTION:

- 1. What is the amount or value of the contribution?
\$ _____
- 2. Date of contribution: _____
- 3. Does nominee have a good record of citizenship?
 YES NO

RECOGNITION OF HEROES:

- 1. Did the deed for which the nominee is being honored occur two (2) years prior to the date of consideration?
 YES NO
- 2. Is the deed for which the nominee is being honored common knowledge to the citizens of Richmond?
 YES NO
- 3. Does nominee have a good record of citizenship?
 YES NO
- 4. Is the nominee recognized as a national hero by an agency of the United States Government?
 YES NO

Name of Agency: _____

SPECIAL FEATURE, AREA OR LOCALE:

- 1. Is this name appropriate to the facility?
 YES NO

Please explain in comments section.

COMMENTS:

Nominated by: _____

Date: _____

Received in Recreation Division By: _____

Date: _____

REQUESTED ACTION:

- Prepare for Commissioner recommendation
- Deny (Explanation)
