

City of South Lyon, Michigan



Parks and Other City Owned Facilities
Naming Request Form

Name of Applicant/Organization _____

Address of Applicant _____

Phone Number: Cell _____ Other _____

E-mail _____

Description of City Asset/Facility: _____

Proposed name of city asset/facility _____

Justification for name (attach as a separate page, if necessary)

Please note that City parks and facilities may be named for a deceased person subject to the following conditions: The person must be deceased for a minimum of five years, written documentation of approval by next of kin (if available/possible) is required, and the person must have made a significant positive contribution to society or the community, a contribution to the park or facility without which the park or facility may not exist, or in which the individual's contributions enhanced a program or facility.

Although City parks and facilities will not normally be named for living persons, exceptions may be made by the City Council at the recommendation of the appropriate commission when the commission finds one of the following: The nominated person has made a substantial contribution (monetary or service) to the specific park or facility being named, the nominated person has made a significant contribution to the community over an extended period of time, or the nominated person has received national recognition.

____ I have received a copy of the Naming Policy for Parks and Other City Owned and Operated Facilities, and agree to all the provisions and procedures as outlined.

____ I have attached all applicable drawings, documents and plans, as appropriate.

Requested by _____
Please print

Signature _____

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For City Use Only

Date Received _____ Staff Initials _____

City Manager recommendation to _____ Commission

City Manager initials and date _____

Commission Review Date: _____

Public Hearing Date: _____

Funding Verified: _____ by _____ Date: _____

Commission Recommendation ____ approve ____ deny

Referred to City Council Date: _____

City Council Approval/Denial Date: _____