

Appendix "A" to the Highway Naming Policy

Naming Application Form

A. NOMINATOR'S INFORMATION	
Name (Individual or Organization):	
Mailing Address:	
Telephone:	E-mail:
B. INFORMATION CONCERNING THE PROPOSED NAME	
Proposed Name:	
If the name suggested relates to the commemoration of an individual who is alive, please provide the individual's contact information in the section below. <i>Note: A Commemorative Name may be used only once in the Township of Southwold– subsequent requests will be denied.</i>	
Name:	
Mailing Address:	
Telephone:	E-mail:
Applicable Criteria (select all applicable criteria):	
<input type="checkbox"/> The nominated name gives a sense of place, continuity, belonging and/or celebrates the distinguishing characteristics and uniqueness of Southwold	
<input type="checkbox"/> The nominated name maintains a long standing local area identification with the residents of Southwold	
<input type="checkbox"/> The nominated name promotes pride in the Township of Southwold, acknowledges local heritage, history and/or recognizes unique features and geography	
<input type="checkbox"/> The rationale associated with the selection of the nominated would be understandable to the majority of Southwold residents	
<input type="checkbox"/> The nominated name recognizes the contributions of organizations such as a partnership with or without financial contribution	
<input type="checkbox"/> The nominated individual/family has demonstrated excellence, courage or exceptional service to the citizens of the Township of Southwold, The County of Elgin, the Province of Ontario and/or Canada;	
<input type="checkbox"/> The nominated individual/family has an extraordinary community service record;	

- ☐ The nominated individual/family has worked to foster equality and reduce discrimination;
- ☐ The nominated name has historical significance

C. RATIONALE

Please describe the rationale for Nomination and attach background information related to criterion chosen, which substantiates all claims made (include copies of newspaper articles, certificates, awards, letters of support or commendation, service records, pictures, etc.)

Please note all information provided below and/or attached to this Application Form will form part of the Naming Application Form and will therefore be released to the public in any public notices/advertisements produced, public Agenda and Minutes, Committee discussions/meetings and Reports which may go forward to Council.

D: DO YOU WISH THE NAME TO BE USED IN A SPECIFIC SETTLEMENT AREA:

- ☐ Shedden
- ☐ Fingal
- ☐ Talbotville
- ☐ Any of the above
- ☐ Other (please describe):

F: RENAMING: (Please note that before a Renaming Application is accepted, the nominator must have written permission from the family or next of kin —if this application results in a request to displace an existing commemorative name [person, persons, or family]):

Does the venue currently have a name? ☐ Yes
☐ No

If yes, provide current name, details and rationale for the proposed renaming of this venue:

G. ADDITIONAL INFORMATION: (ADD INFORMATION AS NEEDED)

Nominator's Signature:

Date:

Personal information about the Nominator contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act, M.56, R.S.O. 1990 and will be used for the purposes of responding to your request. Questions about this collection should be directed to: the City Clerk, City of Barrie, 70 Collier Street, Barrie, Ontario, L4M 4T5, (705) 739-4204

TO BE COMPLETED BY THE NOMINATOR OR NEXT OF KIN TO THE
NOMINEE FOR COMMEMORATIVE NAMING OF AN INDIVIDUAL
(APPLICABLE IF THE NOMINEE IS DECEASED)

AFFIDAVIT OF _____

(Nominator or Next of Kin)

I, _____, of the Township of Southwold, in the Province of Ontario,
MAKE OATH AND SAY THAT TO THE BEST OF MY KNOWLEDGE, _____

(Name of Nominee):

1. Was never convicted of an offence as set out in a Federal Statute.
2. Does not have any outstanding convictions or infractions as set out in the
Provincial Offences Act
and/or any Township of Southwold Municipal By-laws.
3. I make this Affidavit in support of the Application Form for the Naming
Policy, Township of Southwold, and for no improper purpose.

SWORN/AFFIRMED BEFORE ME at the Township of Southwold, in the County of Elgin, in
the Province of Ontario, this _____ day of _____, 20__

A Commissioner, etc

Nominator Or Next Of Kin