

Street Naming Application

Applicant Information (please print):

Name of Applicant: _____

Mailing Address: _____

Unit #

Street Name

City

Province

Postal Code

Phone Number: _____ Fax Number: _____ Email: _____

New Street Name Request:

Requested Street Name (do not include suffix): _____

Reason for Request (please include all supporting documentation):

Renaming Request:

Current Street Name: _____

Proposed Street Name (do not include suffix): _____

Reason for Request (please include all supporting documentation):

Name Category (please select one): Politician (Mayor or Councillor) Veteran General Public

Additional Information:

Please contact Planning and Development Services at 306.953.4370 prior to submitting your application as the following information may be required as part of the application:

1. Cover Letter (reason for request)
2. Short Biography (given name, date of birth/death, place of birth, contributions, awards, achievements, etc.)
3. Letters of Reference (from businesses or organizations for which the nominee contributed to, volunteered for, etc.)

The application along with supporting documentation can be submitted to pds@citypa.com or by mail or in person to Planning & Development Services, City Hall, 1084 Central Avenue, Prince Albert SK S6V 7P3

Signature of Applicant: _____ Date: _____

Council approval date: _____ Council Resolution: _____