

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)