



Community Identification Committee (CIC)

STREET/FACILITY/COMMUNITY NAME NOMINATION/REQUEST FORM

The Community Identification Committee is a Committee established by Council with the purpose of recommending names for Communities, Subdivisions, Public Facilities, Streets, and Multi-Family projects.

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

- The Community Identification Committee seeks information regarding **contributions** the nominee has made towards the RMWB, their **volunteer** experience and **significant impacts** that their actions have had on the RMWB. Please provide detailed information about **social/charitable works** the nominee has done for the RMWB.
- Please **complete all sections** of this form. **Incomplete forms will not be accepted.**
- All materials submitted with this form should be **clear, legible** and **precise.**
- Should the information provided be considered inadequate by RMWB Administration or CIC, the application shall be deemed **incomplete** and will not be reviewed until the requirements have been satisfied.

APPLICANT'S INFORMATION:

First Name: _____ Last Name: _____

Address: _____

Telephone Number: _____ Cell: _____

Email Address: _____

APPLYING FOR (Check one)

Name Nomination

(A name can be nominated to be added to the RMWB's Naming Inventory to be used later for naming a street/facility/community)

Name Request

(A Name request can be made to use the nominated name for a specific street/facility or community)

NOMINATED NAME: _____

(Prospective Honouree should have multiple years of community involvement and should have demonstrated an extraordinary and consistent voluntary commitment and dedication to the community or who have contributed significantly to the community or national life and have lived or otherwise identified with this community in a substantial way)

TYPE OF NAME**:

(Please check who the nominated name(s) belong to)

Person/Family

Natural Feature

Theme

Veteran*

(*A Veteran is defined as any individual who completed basic training, actively served with Canadian armed forces and/or their allies, and was honourably discharged.)

ASSIGNMENT OF NAME:

(Please check all boxes that you propose to use nominee's name for)

Road

Development Area

Names Reserve List

Park

Municipal Facility

Other: _____

(Please Specify)

Legal Address: Lot _____ Block/Unit _____ Plan _____

Civic Address: _____

Site Plan Attached:

CONTACT DETAILS OF FAMILY OF THE NOMINEE:

First Name: _____ Last Name: _____

Relationship to Nominee: _____

Address: _____

Telephone Number: _____ Cell: _____

Email Address: _____

REASONS FOR NOMINATION:

(**If Person/Family Box is checked above for Type of Name)

BACKGROUND

(Please provide background information of the nominee specifying dates, employer, profession, date of arrival in the area, etc.)

.....Please add extra sheet

<p>MEMBERSHIPS</p> <p>(Please provide information about memberships of boards or committees that nominee served/was part of)</p>	<p style="text-align: right;">.....Please add extra sheet</p>
<p>COMMUNITY SERVICE/ VOLUNTEERING</p> <p>(Please provide information about community service, social service, volunteer experiences of nominee)</p>	<p style="text-align: right;">.....Please add extra sheet</p>
<p>AWARDS AND NOMINATIONS</p> <p>(Please provide information about achievement awards of the nominee or nominations for awards)</p>	<p style="text-align: right;">.....Please add extra sheet</p>

The personal information on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. The personal information will be used as contact information to provide you with updates and to verify information. If you have any questions regarding the collection or use of this information contact the Supervisor (Subdivisions & Records), Planning and Development Services Department, 9909 Franklin Ave., T9H 2K4, or call (780) 743-7000.

<p>CHARITABLE CONTRIBUTIONS/ SIGNIFICANT IMPACTS TO THE RMWB</p> <p>(Please provide a list of contributions or significant impacts the nominee made to the RMWB)</p>	<p>.....Please add extra sheet</p>
<p>LENGTH OF STAY IN THE RMWB</p> <p>(Please provide information about nominee's length of residence in the RMWB. Also, please provide information about any family members that still reside in the RMWB)</p>	<p>.....Please add extra sheet</p>
<p>ANY OTHER INFORMATION:</p> <p>(Please list any other noteworthy achievements of the nominee that you would like the Community Identification Committee to consider)</p>	<p>.....Please add extra sheet</p>

Applicant's relationship to the Nominee:

Relationship to Nominee: _____

<u>CONTACTS/REFERENCES:</u>	
<p>Please provide three (3) names, telephone numbers, email and addresses of relatives and/or individuals who may be able to assist with verifying the background information provided above, or the title of the reference material used to obtain the above-stated information. If a relative is indicated, please specify relationship to the nominee.</p>	Name: _____
	Telephone: _____ Cell: _____
	Address: _____
	Email: _____
	Name: _____
	Telephone _____ Cell: _____
	Address: _____
	Email: _____
	Name: _____
	Telephone: _____ Cell: _____
	Address: _____
	Email: _____

**Please Return Completed Form To:
Supervisor, Subdivision & Records
Regional Municipality of Wood Buffalo
9909 Franklin Avenue, Fort McMurray, AB, T9H 2K4
Telephone: (780) 743-7000 Email: Permit.Inquiries@rmwb.ca**