REGIONAL MUNICIPALITY OF WOOD BUFFALO

Planning & Development Department
Regional Municipality of Wood Buffalo
Office: 309 Powder Drive, Fort McMurray, AB T9K 0M3
Mailing: 9909 Franklin Avenue, Fort McMurray, AB T9H 2K4
T: 780-799-8695 F: 780-743-7874 E: current.planning@rmwb.ca

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.)

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), Planning and Development Department, Timberlea Landing, 309 Powder Dr., T9K 0M3, or call (780) 799-8695.

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 _____

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

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MEMBERSHIPS (Please provide information about memberships of boards or committees that nominee served/was part of)	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ …….Please add extra sheet
COMMUNITY SERVICE/ VOLUNTEERING (Please provide information about community service, social service, volunteer experiences of nominee)	_____ _____ _____ _____ _____ _____ _____ _____ _____ …….Please add extra sheet
AWARDS AND NOMINATIONS (Please provide information about achievement awards of the nominee or nominations for awards)	_____ _____ _____ _____ _____ _____ _____ _____ _____ …….Please add extra sheet

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CHARITABLE CONTRIBUTIONS/ SIGNIFICANT IMPACTS TO THE RMWB (Please provide a list of contributions or significant impacts the nominee made to the RMWB)	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ …….Please add extra sheet
LENGTH OF STAY IN THE RMWB (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)	_____ _____ _____ _____ _____ _____ _____ _____ …….Please add extra sheet
ANY OTHER INFORMATION: (Please list any other noteworthy achievements of the nominee that you would like the Community Identification Committee to consider)	_____ _____ _____ _____ _____ _____ _____ _____ _____ …….Please add extra sheet

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Applicant's relationship to the Nominee:

Relationship to Nominee: _____

CONTACTS/REFERENCES:	
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.	Name: _____ Telephone: _____ Cell: _____ Address: _____ Email: _____ Name: _____ Telephone _____Cell: _____ Address: _____ Email: _____ Name: _____ Telephone: _____Cell: _____ Address: _____ Email: _____

Please Return Completed Form To:
Supervisor, Development Control & Permitting (Subdivisions Branch)
Community Development Planning
Regional Municipality of Wood Buffalo
309 Powder Drive, Fort McMurray, AB, T9K 0M3
Telephone: (780) 799-8695 Fax: (780)743-7874

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