



Legislative Services Department
10005 – 102 Street Fort Saskatchewan, AB T8L 2C5
Phone 780-992-6154 Fax 780-998-4774
Email: legislativeservices@fortsask.ca

City Naming Registry - Application

Applicant Name: _____ Phone: _____

Address: _____ E-mail: _____

_____ Postal Code: _____

Name to be Considered: _____
(How it appears is how it will be recorded)

Applicant's Relationship to the Individual/Family: _____

Is the Application for: An Individual A Family Name

Is the Name for a Specific Property in the City? No Yes

If yes, include legal description and how the area of land and name are related: _____

How was the individual/family instrumental in the development of Fort Saskatchewan: _____

Provide background on the broad range of public services and/or community activities the individual/family was involved with: _____

Other information to support the application: _____

Applications require consent from the individual/family to collect and use their personal information.

I, _____ certify that:
(Person with authorization)

- I am the individual named for consideration; or
- I am authorized to act on behalf of the individual or family; and

consent to the use of personal information for the purposes relating to the City's Naming Registry.

Signature: _____ Date: _____
Phone: _____ E-mail: _____

Further information can be found in the City Naming Policy #GOV-002-C at www.fortsask.ca.

Office Use Only:

Date Received: _____ File Number: _____
Application Meets Criteria: No Yes Council Approval Given: No Yes
Date added to Naming Registry: _____

The personal information collected on this application is in accordance with Section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP), and will be used in relation to the City's Naming Registry. Questions about the collection and use of this information can be directed to the City's FOIP Coordinator at 780-992-6200.