



ROAD NAMING PROPOSAL FORM

Name: _____

Postal Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

Email address: _____

Please ensure your name and postal address is clearly shown.

This information will be used only to enable us to contact you for purposes directly related to this naming proposal.

Please note:

The *Geographic Place Names Act* allows only written (including email) submissions to be considered.

Naming Proposal:	
Township	

Other supporting information for Naming Proposal

(Please provide as much detail as possible)

e.g., Local or military history, employment, family details etc	
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Other supporting information for Naming Proposal (Cont.)

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Is the naming proposal after a person? Please complete the following:

Family Name:	
Given Names:	
Individuals Status:	<input type="checkbox"/> Now deceased Date ___/___/___ <input type="checkbox"/> Alive (NB, the Office of Geographic Names will only allow the use of a living persons name in exceptional circumstances) Has permission been sought to use the individual's names? <input type="checkbox"/> Yes <input type="checkbox"/> No
Grounds for Inclusion:	<input type="checkbox"/> Birthplace: _____ <input type="checkbox"/> Residence: _____ <input type="checkbox"/> Pioneer/Settler: _____ <input type="checkbox"/> Contribution to community: _____ <input type="checkbox"/> Employment: _____ <input type="checkbox"/> Public office: _____ <input type="checkbox"/> Other: _____

Signature: _____

Date: ___/___/___