

	OCC – Street Naming Application	Office of the City Clerk
<h2 style="margin: 0;">Street Naming Application</h2>		
Applicant Information		SECTION 1
First Name _____ Last Name _____		
Organization Name (if applicable) _____		
Mailing Address _____		
Email _____ Telephone Number _____		
Proposed Street Name Information		SECTION 2
Proposed Street Name _____		
Category of Street Name:		
Organization _____	Event _____	Place _____
Person _____		
(Please note that the City does not permit street naming after living people. If you are submitting a street name related to a person, please complete section 3)		
Other (please specify) _____		
Background Information and Reasons for Naming Proposal		
<i>Please provide a brief summary outlining your reasons for the proposed name.</i>		
Supporting Documentation.		
You may attach additional documentation to support your proposed street name, such as:		
<ul style="list-style-type: none"> Articles/newspaper clippings Letters of support Historical records Other relevant information 		

To be completed for proposed street names of people.

I acknowledge that the City may contact the named party’s representative to obtain their consent.

Please provide the named party’s representative contact information below.

Name _____

Contact Phone Number _____

Contact Email _____

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purposes of administering the Street Naming and Civic Addressing Policy. Questions about the collection and use of the information may be directed to the City Clerk, at cityclerk@stjohns.ca or 576-8619.

Please send completed form to:

Office of the City Clerk
P.O. Box 908, 10 New Gower Street
St. John’s, NL A1C 5M2

For further information:
Phone: 709-576-8619
Email: cityclerk@stjohns.ca