

**CITY OF DENTON NAMING APPLICATION**  
**City Buildings, Facilities, Land, or Any Portion Thereof**

*Please type or print clearly in ink:*

Date of Submittal

Commemorative Naming (*Check One*):

Individual

Organization

Individual or Organization Submitting Nomination:

Recommended Name of City Building, Facility, Land, or Any Portion Thereof:

Location of City Building, Facility, Land, or Any Portion Thereof:

Address

Description of Location

Cross Street

Explanation of why this name should be considered. Please include the individual's biographical information and vitae or resume. Use additional sheets, if necessary:

<i>Point of Contact</i>	<i>Organization or Secondary contact</i>
First Name	Organization / First Name
Last Name	Last Name
Address	Address
City                      State              Zip	City                      State              Zip
Phone Number	Phone Number
Email Address	Email Address

Signature of Nominator or Organization Representative:

Date:

**\*\*Download Adobe PDF Reader to utilize the digital signature\*\***

**Please return this form to the City Manager's Office. Please call for an appointment at (940) 349-8307, or E-mail this form to [City.Secretary@CityofDenton.com](mailto:City.Secretary@CityofDenton.com)**