

Planning and Development Services, 10336 – 106 Street, Westlock, AB T7P 2G1

Phone 780-349-3346

email: [info@westlockcounty.com](mailto:info@westlockcounty.com)Applicant Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
(If different than applicant)Address \_\_\_\_\_  
Street and Number City/Town Province Postal Code

Contact Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Proposed Naming Type** (please select more than one, if applicable)

- ☐ New Naming ☐ Renaming ☐ Use of a Commemorative Name  
☐ Addition of a Commemorative Name to the Names Reserve List (proceed to Section 2)  
☐ Addition of a name other than a Commemorative Name to the Names Reserve List

**Complete Section 1 and Section 2, if applicable.****Section 1 – Naming of Development Areas, Parks, Municipal Facilities, Roads, Honorary Roads, Trails, and Pathways****Proposed Naming Purpose (if applicable)**

- ☐ Development Area ☐ Park ☐ Municipal Facility ☐ Road ☐ Honorary Road ☐ Trail/Pathway ☐ Other

**Naming Criteria**

Please select all that apply:

- ☐ Recognize individuals of distinction, bravery, or exceptional community service.  
☐ Recognize organizations that have made a significant, long-term contribution to the County.  
☐ Commemorate cultural, historical, or geographic significance.  
☐ Recognize flora, fauna, wildlife, or natural features.  
☐ Reflect the cultural and ethnic diversity of Westlock County and recognize early pioneers.

**Proposed Location (if applicable)**

Civic Address \_\_\_\_\_ Neighbourhood \_\_\_\_\_

Legal Description Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_

Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Meridian \_\_\_\_\_

**Proposed Name(s)**

\*If proposing a name for a Development Area, please identify the proposed naming theme as well.

**Reason for Request**

\*If using a Commemorative Name, please provide rationale for why the name was chosen and identify if there is any relevant connection to the location.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Section 2 – Addition of a Commemorative Name to the Names Reserve List**

Please complete the following section **only** if you are proposing a Commemorative Name to be considered for the Names Reserve List.

**Commemorative Naming Criteria** - for the name of a person or organization to be added to the Reserve List, they must meet at least one of the following criteria:

Please select all that apply:

- ☐ Demonstrated excellence, courage, or exceptional dedication to service in ways that bring special credit to Westlock County, Alberta, or Canada.
- ☐ Significant volunteer or humanitarian contribution.
- ☐ Efforts that foster equality and reduce discrimination.
- ☐ An act of bravery or sacrifice to save or protect others.
- ☐ Professional achievement of an outstanding standard bringing benefit or honour to Westlock County, Alberta, or Canada.
- ☐ In the case of an organization or business, a significant, long-term contribution to the community through service, employment, community development, or other forms of public benefit.

**Proposed Name(s)****Reason for Request**

Westlock County Policy #XXXX-XX

The personal information you provide is collected under the authority of the Access to Information Act and Part 1, Section 4, of the Protection of Privacy Act. The information you provide may be entered into a computerized automated system to generate content or make decisions, recommendations or predictions and will be used only for the purpose for which the information was collected. If you have any questions about the collection, use, and disclosure of information, please contact the Access to Information Coordinator at Westlock County at 10336 – 106 Street, Westlock, Alberta, T7P 2G1 (780) 307-0527.

**Consent to Add a Commemorative Name to the Names Reserve List or to use a Commemorative Name currently listed on the Names Reserve List**

Applications to add an individual's name as a Commemorative Name to the Names Reserve List or to use a Commemorative Name currently listed on the Names Reserve List require consent from the individual, or if the individual named for consideration has been deceased for less than 25 years, consent must be provided from a family member acting on behalf of the family. Consent is not required where the individual named for consideration has been deceased for 25 years or more.

Applications to add a family name as a Commemorative Name to the Names Reserve List or to use a Commemorative Name currently listed on the Names Reserve List require consent from a family member acting on behalf of the family.

Applications to add a group as a Commemorative Name to the Names Reserve List or to use a Commemorative Name currently listed on the Names Reserve List require consent from an official representative of the group, in the form of a letter. Consent is not required where the group is no longer active.

I (full name), \_\_\_\_\_ hereby certify that:

- ☐ the individual named for consideration has been deceased for 25 years or more; or
- ☐ I am the individual named for consideration;
- ☐ I am a family member of an individual who has been deceased for less than 25 years, acting on behalf of my family and with my family's consent;
- ☐ I am a family member of a family names for consideration, acting on behalf of my family and with my family's consent; or
- ☐ I am a member authorized to act on behalf of the group (if the proposed name is of an organization) and I consent to consideration for placement on the Names Reserve List or use of the name and that the information provided is accurate.

I agree to release, hold harmless and indemnify the County from any and all liability and costs including legal expenses (on a solicitor client full indemnity basis), which arise out of or are incidental to my providing consent to use this name.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Consent for Use of Personal Images (please only complete where images submitted are not publicly available)**

I (full name), \_\_\_\_\_ hereby certify that I hold ownership of any submitted images that are not publicly available and that I authorize the County to use the images for purposes of Commemorative Naming programs and warrant that I have received consent from any living person in the image to submit their photo to the County for this purpose, and that no individuals pictured have been deceased for less than 25 years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Westlock County Policy #XXXX-XX

**In order for your proposed application to add a Commemorative Name to the Names Reserve List to be deemed complete, please submit the following information along with your completed application.**

- ☐ Biography of individual, family, or group containing **only** information that is publicly verifiable
- ☐ Supporting public documents such as images, articles, awards, citations, etc. Note that personal images will not be accepted, except in accordance with completion of the above Consent for Use of Personal Images section. Personal images will only be considered where individuals pictured have been deceased for 25 years or more or are living and have provided consent.
- ☐ A letter of consent (only applicable where the proposed name is the name of a group/organization that is still active).

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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For Office Use Only

File Number \_\_\_\_\_ Date Received \_\_\_\_\_