## **Application for Naming Town Buildings/Facilities**

То:	First Selectman's Office 55 Main Street, P.O. Box 187 Ellington, CT 06029
Date	of Application
	Naming or Renaming  Town-owned property:  Existing Name:  Proposed Rename if applicable:
	Commemorative Designation  Town owned property:  Existing Name:  Proposed Commemoration Rename:
even Biogr	que or marker may be used on a building or facility to honor persons or individuals, though the facility is not named after them.  raphical Information of Honoree: If more space is required, please attach onal sheet(s).

	mination (Narrative): I . Please see "Policy for Na				
recognize a building, p individual/c	rial circumstances, the Boa and honor an outstanding ark, athletic field or any itizen who died an untime to the general good and he munity.	individual/citizen by r y other facility, who ly, heroic or tragic de	naming a town-owned le or part, after ar ath, if doing so would		
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Additional Informa	tion may be requested.				
Application shou	•				
	on and significance of the p	roposed naming or re	naming.		
b) All terms a					
Application Submi	tted by:	Phone:			
Street Address	Town	State	Zip Code		
This information is nee	eded for notification purposes.	Anonymous nominations w	vill not be considered.		
BOS Approved: M	arch 21, 2019				