



NAMING REQUEST – PERSON

Applicant: _____
Address: _____
Town/City: _____ **Province:** _____ **Postal Code:** _____
Phone: _____ **Fax:** _____ **Cell/Alternate:** _____
Email: _____

NAME PROPOSED: _____

WHICH OF THE FOLLOWING PRINCIPLES APPLY TO THE NAME PROPOSED?

In order for a name to qualify it must meet one of the following principles

- A person who demonstrates excellence, courage or exceptional dedication to service in ways that bring special credit to the Town of Hinton, Province of Alberta or Canada
- A person who volunteers and gives extraordinary help or care to individuals, families or groups or supports community services or humanitarian causes
- A person who risks his or her life to save or protect others
- A person who achieves a deed or activity performed in an outstanding professional manner or of an uncommonly high standard that brings considerable benefit or great honour to the Town of Hinton, Province of Alberta or Canada
- A person who was an historical pioneer of the Hinton area

WHAT EXCEPTIONAL CONTRIBUTION(S) HAS THIS PERSON MADE THAT WOULD WARRANT THEIR NAME BEING ADDED TO THE NAMES RESERVE LIST?

HISTORICAL/BIOGRAPHICAL INFORMATION:

Please also include any other information you deem significant and important other than requested below
If possible, please include consent from the person or family of the person as part of this request.

Birth date? _____ **Birth place?** _____

Is the person still living? If not, when did they pass? _____

If not born in Hinton, when did the person move here and why? _____

During what time period did the person live in Hinton? _____

What did the person do as a career? _____

Was the person involved in any non-profit organizations or service groups?
Which one(s) and for what time period? Were there any outstanding acts or achievements?

Did the person make any other community contributions? What were they and when did they occur?

Did the person ever receive any special awards or distinctions?

Are there any other interesting aspects of the person's life that could be shared?

Do you have any photographs (or copies) that could be shared? (If yes, please attach)

These photograph(s) may be utilized in public documents related to naming and by signing below you agree to allow the Town of Hinton use of the photograph(s) in any public document.

Signature of Applicant

Date

This personal information is being collected under the authority of the Municipal Government Act, RSA 2000, Chapter M-26, and will be used for administering the affairs of the Town of Hinton and for the provision of services. This information is protected by the privacy provisions of the Freedom of Information and Protection of Privacy (FOIP) Act, RSA 2000, Chapter F-25. If you have any questions about the collection of this information, please contact the Town of Hinton FOIP Coordinator at 780-740-8059.