



# TOWN OF INUVIK APPLICATION – NAME OR RENAME A MUNICIPAL ROAD

TOWN OF INUVIK POLICY FP.009 – Civic Address Standards and Guidelines

## Applicant Information

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

E-mail: \_\_\_\_\_

## Details

Type of Name (choose one):

New Name       Rename an Existing Municipal Road

Location of road. Please include a scaled drawing showing the area.

\_\_\_\_\_

Existing Name (if any): \_\_\_\_\_

Proposed Name: \_\_\_\_\_

What is the reason or justification for this request? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If this request includes the name of a person or persons, have you received consent from that person or their family to use their name?

Yes       No

If this request includes the name of a person or persons, please provide a brief biography of that person. You may also include newspaper clippings, letters of support, articles, or awards to support this request.

\_\_\_\_\_

\_\_\_\_\_

**In addition to this application form, please provide a list of affected property owners and documentation confirming that they approve of proceeding with this application.**

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

**SUBMISSION CHECKLIST**

- Completed Application Form and Supporting Documents
- Scaled Drawing Showing Areas Affected by the Proposed Name or Name Change
- List of Affected Property Owners
- Proof of Consent from Affected Property Owners

Date Application Received: \_\_\_\_\_

Date Reviewed by Naming Committee: \_\_\_\_\_

Date Name Added to Road Name Registry: \_\_\_\_\_

Date of Town Council Public Hearing: \_\_\_\_\_

Municipal Address Changes Required?  Yes  No

Has applicant been advised of decision?  Yes  No Date: \_\_\_\_\_

Has change been advertised to the public?  Yes  No Date: \_\_\_\_\_

Has signage been changed if required?  Yes  No Date: \_\_\_\_\_

Notes (if any):

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