



**TOWN OF WHITCHURCH-STOUFFVILLE
STREET NAMING COMMITTEE
APPLICATION TO REQUEST STREET NAME**

APPLICANT'S NAME:

ADDRESS:

EMAIL:

PHONE NUMBER:

CONTACT INFORMATION OF ANY OTHER PERSON WHO CAN VERIFY INFORMATION:

PROPOSED STREET NAME:

ALTERNATIVE NAMES:

PREFERRED LOCATION FOR USE OF NAME:

IF PROPOSED NAME IS A PERSON, PLEASE EXPLAIN WHERE THEY LIVED AND/OR WORKED, AND YEARS THEY LIVED AND/OR WORKED IN STOUFFVILLE:

YOUR RELATIONSHIP TO PERSON BEING NAMED:

HISTORICAL SIGNIFICANCE OF NAME (IF NOT A PERSON):

ADDITIONAL INFORMATION ATTACHED: Yes _____ No _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____



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Street Naming Guidelines:

1. Preference is given to names of historical significance in order to continue to recognize the contribution of previous generations;
2. Reference to historical facilities or special events in the area will also be given preference;
3. Consideration based on the significance of living persons should be avoided; and
4. Street names with two parts should be avoided as a means of mitigating emergency response concerns.

Please Note:

Approval by the Committee does not guarantee your request will be accepted. Final approval is required from York Region Planning and Whitchurch-Stouffville Town Council.

Personal information contained/provided in this form is collected under the authority of BY-LAW 2016-019-RE and will be used for the purpose of Street Naming Committee review. Questions about this collection should be directed to Kate Trombino, Town of Whitchurch-Stouffville, 111 Sandiford Drive, Stouffville, ON L4A 0Z8 at (905) 640-1900 or 1-855-642-8969 ext. 2423, or kate.trombino@townofws.ca