

if necessary.

UNIVERSITY CITY PARKS & TRAILS NAMING NOMINATION FORM

Proposed Name:			
Proposal is for: Local Access Trail			
Regional Trail			
Location of asset to be named, or co	urrent name:		
Proposal is to honor/commemorate	2:		
Outstanding Individual			
☐ Historical Events, Places☐ Major Gifts			
Please complete the following if you	u are nominating an indivi	dual*	
Name:	Mailing address:		
Date of Birth:	Phone 1:	Phone 2:	
Email:	-		
NOMINATION DETAILS:			
Please explain why this asset should	d ha cancidared for the na	me proposed. Add additional r	ναπος

Nominator's Information	
Name:	Mailing address
Phone 1:	Phone 2:
Email:	Affiliation to the nominee or site:
SUPPORTING DOCUMENTS Please include supporting documents	ents to such as pictures, news articles, awards, certificates, letters of
support or commendation, etc. al	ong with the application. Applications may be mail to: Attention rks, Recreation and Forestry, 6801 Delmar Blvd., University City, MO
City of University to receive input	ained in this application to be used for the purpose of allowing the into the proposed naming. The information collected will be used as Policy for Parks, Trails, Facilities and Assets.
Signature:	Date: