



# City of Encinitas

## REQUEST FOR NAMING OF CITY LAND, FACILITIES AND AMENITIES

<b>Organization Name:</b>	
<b>Contact Name:</b>	
<b>Individual Name:</b>	
<b>Telephone Number:</b>	
<b>Address:</b>	
<b>Email Address:</b>	

### NAMING REQUEST TYPE

(select one from each column below)

<input type="checkbox"/> Naming <input type="checkbox"/> Renaming	<input type="checkbox"/> Land <input type="checkbox"/> Facility <input type="checkbox"/> Amenity
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### NAMING CONDITIONS

(select applicable condition from list below)

<input type="checkbox"/>	Development of a previously undeveloped site
<input type="checkbox"/>	Acquisition of a new site
<input type="checkbox"/>	Extensive remodeling, rehabilitation or expansion of an existing facility

### NAMING CRITERIA

(select appropriate criteria below)

<input type="checkbox"/>	Historical Relevance
<input type="checkbox"/>	Geographic Location
<input type="checkbox"/>	Community Identity
<input type="checkbox"/>	Significant Financial Contribution: \$ <input style="width: 200px;" type="text"/>
<input type="checkbox"/>	Degree of Community Support

**NAMING REQUEST SITE**

*Provide address, parcel number or site description.*

**PROPOSED NAME**

**REASON FOR REQUEST**  
(attach additional information if necessary)

***Please attach written consent from individual's families, heirs, and/or estates when submitting an individual's name for naming or renaming.***

***This Section for City Use Only***

**Submit Application to:  
City of Encinitas  
City Clerk  
505 S Vulcan Avenue  
Encinitas, CA 92024  
760.633.2606  
khollywood@encinitasca.gov**