

Commemorative Dedication and Name Application for Parks and Recreation Facilities

Community Services Department

Refer to the City of Vacaville's "Policy for the Naming, Dedication
and Sponsorship of City Facilities and Acceptance of Donations"



Applicant Information

Name: _____
Address: _____
Phone: _____
Email: _____

- My Recommendation is for:**
- Naming a New Park or Recreation Facility
 - Renaming Existing Park or Recreation Facility
 - Naming / Renaming a Portion of a New or Existing Park or Recreation Facility

Proposed Name of Park or Recreation Facility: _____

Location / Property Description of Park or Recreation Facility: _____

Current Name of Park or Recreation Facility (if applicable): _____

Classification of Proposed Name (Check all that apply):

- Historical Significance to Location
(e.g. historical event, landmark, person, or group of major significance to region/location)
- Commonly Recognized by Neighbors or Residents
- Compliments the Theme of the Location, Neighborhood or Surrounding Area
- Natural Phenomena of Site *(e.g. rivers, creeks, terrain, mountains, etc.)*
- Horticultural *(e.g. trees, plants, flowers, or other horticultural features of area)*
- Deceased Individual *(deceased for at least 3 years and has long standing affiliation with City of 10 years or more)*
- Living Individual *(requires long-standing affiliation with City of 10 years or more)*
- Group or Organization *(requires long-standing affiliation with City of 10 years or more)*
- Donation or Sponsorship
- Other: _____

Please describe the reason(s) in support of the proposed name or renaming of this park / recreation facility (if more room is needed, please attach separate sheet and write "See Attached" below):

For recommendation of an Individual (whether deceased or living), please indicate individual's long-standing affiliation with Vacaville (10+ years or more) of significant community service, involvement or contributions. Specifically indicate how this person has: (a) Enhanced the quality of life/well-being of Vacaville's residents, (b) Contributed to the preservation of the Vacaville's history and culture, (c) Made exemplary or meritorious contributions to Vacaville or its residents, or (d) Contributed to the acquisition, development or conveyance of land, buildings, structures or other amenities to the Vacaville Community (if more room is needed, please attach separate sheet and write "See Attached" below):

Supporting Documentation (Required for recommendations of an Individual's name):

I have included the following documentation to demonstrate broad-based community support for my recommendation:

- Letters
- Character references
- Newspaper or journal articles
- Petitions
- Other Documentation: _____

The following conditions will apply to all Commemorative Dedication and Name Applications:

All applications submitted to the Facility Naming Committee for the purpose of naming or renaming a new or existing park/recreation facility must be filled out completely and accurately with supporting documentation in accordance with and as required by the City of Vacaville's Policy for the Naming, Dedication and Sponsorship of City Facilities and Acceptance of Donations (hereinafter "The Policy"). The Policy is available on the City of Vacaville's website, which can be found at (http://www.cityofvacaville.com/content/city_information/facilitiesna.php) and/or hard copies may be requested from the Community Services Department.

The naming or renaming of a park or recreation facility will be considered only through this application process.

Incomplete, illegible and/or fraudulent applications will not be considered. The City of Vacaville (e.g. Community Services Commission, Facility Naming Committee) reserves the right to verify the identity of the Applicant submitting this application to ensure its validity.

The Vacaville City Council will have the final decision as to the naming/renaming of a park or recreation facility and reserves the right to reject any and all proposed names and/or applications submitted for consideration.

Signature of Applicant: _____ Date of Submission: _____

Return Completed Application Packets To:

City Of Vacaville
Community Services Department
40 Eldridge Avenue, Suite 13
Vacaville, CA 95688