



PARKS NAMING APPLICATION
YORKVILLE PARKS AND RECREATION DEPARTMENT
201 West Hydraulic Street –Yorkville, IL 60560
Phone 630- 553- 4357 - Fax 630- 553- 4360

Person completing application _____

On behalf of (person or organization) _____

Address of person completing application _____

Home Phone number _____ Work _____ Email _____

Suggested name _____

Park, location, facility to be considered for naming _____

Please explain why this name should be considered (please use back of application to attach additional sheets if necessary) .

If naming after a person please verify that the person or his immediate surviving family have been contacted:

Person Contacted _____ Phone Number _____

Date Contacted _____ By Whom _____

OFFICIAL USE

Date Received _____

Staff Initials _____

Request Verified by Staff_____

Schedule for Park Board Review Date_____Action_____

City Council Date_____Action_____

Dedication _____Name on Signage_____

Location of Park, Facility, Building, throughfare_____