



CITY OF POMONA

NOMINATION FORM FOR NAMING OF PARK AND RECREATION FACILITIES

1. **Date Submitted:** _____
2. **Nominator Name:** _____
3. **Address:** _____
4. **Phone (daytime):** _____ **(evening or cell):** _____
5. **What Group (if any) does the Nominator represent?:** _____
6. **Recommended Site & Location:** _____

7. **Recommended Name:** _____
8. **What is Nominator's relationship to Individual or Group Recommended for Name?**

9. **Please discuss the reason for this nomination as it relates to criteria in Policy (additional supportive information, photos, or articles may be attached):**

10. **Community-wide activities Individual or Group is involved in:** _____

**NOMINATION FORM FOR NAMING OF
PARK AND RECREATION FACILITIES (Page Two)**

11. Local Clubs or organizations served: _____

12. If an Individual, name(s) of Schools attended: : _____

13. Major benefits to the City of Pomona: _____

14. Why are you nominating this Individual or Group? _____

Submit Form to:

Community Services Department
P.O. Box 660
Pomona, CA 91769
(909) 620-2321

I have received a copy of the *Policy for Naming of Park and Recreation Facilities* and this nomination adheres to the criteria as outlined in the Policy. The statements contained within this document are true, to the best of my knowledge.

Signature of Nominator

Dated: _____