



CITY OF SAN JOSÉ

Naming of City-Owned Facilities

NOMINATION FORM

Person Submitting Nomination: _____

Address: _____ Daytime Phone: _____

Name Proposed for Facility: _____

Location of Facility: _____
(Include street address, cross street)

Nature of Facility to be Named: (Describe use, clientele and any special geographic or historic characteristics)

Is this site/structure of potential historic significance? Yes _____ No _____

If yes, please submit parcel number and a summary of bibliographical resources.

Appropriateness of Name to Facility: (Briefly characterize the nominated individual, group, event or feature. Describe why naming would be appropriate. If the facility is proposed to be named after an individual, attach no more than one page outlining a brief biography and significant contributions to the community.)

Submit Nomination to: City Clerk, San José City Hall, 200 E. Santa Clara Street, San José, CA 95113

FOR CITY CLERK'S USE ONLY

Referred to the following Commission or Committee:

Airport _____ Arts _____ Child Care _____ Disability Advisory _____ Historic Landmarks _____
Library _____ Parking Advisory _____ Parks & Recreation _____ Senior Citizens _____ Youth _____
Other _____