



Park and Facilities Naming Application

Individual/Group making the request

Name: PROCS DEPARTMENT
Address: 314 CLIFTON DR
Phone number: 835-7531
Relationship to honoree: STAKEHOLDER

Honor requested for

Name: TILLIE WONDER
If retired, when? SUMMER 2015
If deceased, when? _____

Please attach a detailed description of the individual's significant contributions.

Does the honoree or the honoree's representative approve of this request? Yes No

Honoree or honoree's representatives signature of approval: Judy Ward

Park or Facility for which the request is being made

Current name: N/A
Location: CORNER OF S. MEALS DR AND N. HARBOR DR

Review

Director's recommendation: MRS. WONDER IS HIGHLY DESERVING OF THIS SMALL TOKEN OF THE COMMUNITY'S APPRECIATION AND HAS MY HIGHEST RECOMMENDATION.

Public Hearing Date: 13 DEC 16

Parks and Recreation Commission Action

Approved: Denied: _____ Date: _____
Reason: _____

City Council Action

Denied: _____ Date: _____