

TOWN OF DANVERS



Request for Naming Opportunity

Applicant Information:

Name: _____ Date of Application: _____

Address: _____ Telephone #: _____

Email Address: _____

Request Information:

Facility/Recreational Building/Amenity to be Named or Memorialized: _____

Reason for Request:

Description of Memorial or Sign to be Used:

Any Additional Information you'd like the Recreation Committee to Consider (please feel free to use the back of this form or another piece of paper if necessary):

Signature of Applicant: _____ Date: _____

To be completed by Recreation Director:

Received by: _____ Date: _____

Recommended Not Recommended by Recreation Committee Date: _____