

PROPOSED NAME FOR FACILITY

This form shall be used by persons nominating names for new or existing facilities.

I propose that the:

_____ (address)

Be named for _____

1. Biographical Data:

2. The nominee's significant contribution is:

3. I believe the facility should be named for this person because:

4. PERMISSION FROM FAMILY

Please provide contact information for nominee's family:

Name _____

Address _____

Phone # _____ Fax # _____

E-mail address _____

Relationship _____

NEW FACILITIES

CW
(EXHIBIT)

PLEASE PROVIDE A PHOTOGRAPH OF NOMINEE

5. PERMISSION FROM EXISTING DESIGNATED FAMILY

I have contacted the current designated family.

I have not contacted the current designated family.

Please provide contact information from current designated family, if available:

Name _____

Address _____

Phone # _____ Fax # _____

E-mail address _____

Relationship _____

Submitted by _____ *(please print name)*

Address _____

Phone # _____

Signature _____ Date _____

This form should be submitted prior to April 1. Nominations will only be accepted with completed exhibit. Questions may be directed to the office of Board services at (972) 925-3720. Completed applications may be sent to the following address:

Division Manager of Board Services
3700 Ross Avenue, Box 1
Dallas, Texas 75204-5491