



Public Asset & Road Naming Application

PROPOSED ASSET NAME _____

Pronunciation (if unusual) _____

Address of Public Asset _____

Parish _____ County _____ Area _____

Latitude _____ Longitude _____ Lot & DP _____

Suburb _____ State Electorate _____

Description of Proposed Asset to be Named *(please attach photo and/or marked map)*

Reason for Name Change

(If the name commemorates a person, biographical details must be supplied. Please attach additional page(s) if required)

Applicant's Name _____

Postal Address _____

Telephone _____ Mobile _____

Email _____

In accordance with Section 7.1 of the Naming a Public Assets Policy, there is an application fee of \$435.00 payable for all name submissions.

Payment

Payment by Cheque - Amount \$ _____

Payment by Credit Card - *payment taken either over the phone or in person at Council*

Please Note: We do not accept AMEX or Diners Club cards.

Payment by Direct Deposit - Amount: \$ _____

Reference :- Name—Asset Naming

EFT: BSB: 062574 Account: 0000 1239

In submitting this application I acknowledge that:

- Council responds to applications for naming a public asset on the information provided.
- I declare that all the information that I have provided is true and correct.

Applicant Name _____

Applicant Signature _____ Date _____

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OFFICE USE ONLY

Receipt No _____

Amount \$ _____

Date _____

Received by _____

BLN: _____

Refund \$ _____

Further Information

Moree Plains Shire Council
Level 2, 30 Heber Street
PO Box 420
MOREE NSW 2400
Tel: 02 6757 3222
Fax: 02 6752 3934