

Petition No. _____

Filed: _____

MUNICIPAL FACILITIES NAMING PETITION

In accordance to the City of Salina Municipal Facility Naming Guidelines that were adopted by Resolution Number 06-6343 on January 8, 2007, I hereby support the naming/renaming of the

_____, a municipal facility
(current name or brief description of facility)

located at _____
(address)

to _____.
(proposed name)

****Please note that when signing this petition, you will need to sign and print your name exactly as it appears on your voter registration card.**

	Signature	Printed Name	Address	Office Use Only (Registered)
1.				
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24.				
25.				

State of Kansas, County of Saline: ss

I am the circulator of this Petition. I have personally witnessed the signing of the petition by each person whose name appears thereon. I am a resident and a registered elector of the State of Kansas and of the City of Salina, Kansas.

Circulator signature

Printed Name

Date

Be it remembered, that on this ____ day of _____, 20____, came _____ who duly acknowledged execution of the above statement.

[SEAL]

Notary Public

This petition is respectfully submitted by:

Signature

Printed Name

Date

Address

Telephone No.