CITY OF HAYSVILLE
PO Box 404 200 W. Grand
Haysville, KS 67060
Phone: 316-529-5900 | Fax: 316-529-5925
www.haysvilleks.gov

CITY OF HAYSVILLE
Designating/Naming/Renaming Nomination Form

Applicant Information

Name:	Address:
Mailing Address If different:	
Phone Number:	Mobile/Cell Number:
Relationship to Nominee:	

Nominee Information

Name:	Phone Number:
Home Address:	

Plaque ☐ Marker ☐ Memorial ☐ Street _____ Facility _____ Other _____

Size and design must be approved by staff.

Honorary Designation (Living or Deceased) Support Designation ($_____) Sponsorship Length (_____)

Applicant is responsible for cost of memorial and installation of said memorial for nominee.

Reason for Nomination:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Application received by City Clerk on _____ By _____

Given to Park Board Designee _____

Cost Associated to Designate $_____ Receipt of Payment _____

Next Park Board Date _____ Approved: Yes No Park Board Representative Signature _____

Next Council Date _____ Approved: Yes No Mayor's Signature _____