



# MUNICIPALITY SWAKOPMUND

## STREET NAMING NOMINATION FORM

Please complete all sections of the **form** and provide relevant attachments in accordance with the list provide on the last page of this form.

### Nominator's Information

First Name		Last Name	
Street Number	Street Name		Place of Residence
Town/Region		Postal Address	Postal Code
Telephone Number	Mobile Number	Email	

### Naming Proposal Details

Township Name and The Location of The Street or Public Place, Council-Owned Building and Facility: (Map Illustration Where Applicable)

Street or Public Place, Council-Owned Building or Facility Name being proposed:

Nominator's Signature	Date (yyyy-mm-dd)
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### Motivation Guidelines for Proposals:

The proposed names for the Street or Public Place, Council-Owned Building or Facility should cover the following aspects:

- o Rationale,
- o Significance,
- o Relevance, and
- o Appropriate plan illustrations

## Consent

I..... hereby confirm that I give my approval for the nomination of		
.....		
as proposed by .....		
Relationship to Nominee		Place of Residence
Town/Region	Postal Address	Postal Code
Mobile Number		Email
Signature:		

**Completed Form with the following Attachments:**

- **Motivation,**
- **Identification Documents of the Nominee, nominator, and consenting person**
- **Plans or illustrations, and**
- **Any other document deemed relevant,**

**should be returned to:**

The Chief Executive Officer:  
Attention: General Manager: Engineering & Planning Services  
Municipality of Swakopmund  
P.O.Box 53  
c/o Rakotoka & Daniel Kamho