To:
Naming Committee
City of St. Albert
St. Albert Place
5 St. Anne Street,
St. Albert, AB T8N 3Z9

Naming Committee
RE: Community Support Letter for Name Removal or Renaming Request

This letter is being provided in support of the Name Removal or Renaming request for

(identify asset) _____ in accordance with the

Municipal Naming Policy.

I am in support of this request for the following reasons: _____

_____

_____

_____

_____

- ❑ By checking this box, I confirm that I have a substantial connection to St. Albert.

Name: _____

Signature: _____

Date: _____

Address: _____