



City of Chelsea, MI
www.city-chelsea.org

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FACILITY NAMING FORM

Please refer to the City of Chelsea Naming Policy. The policy is available at the city office and online at www.city-chelsea.org.

NAME _____ Group (if applicable) _____
ADDRESS _____ CITY _____ ZIP _____
PHONE# _____ ALT PHONE# _____ EMAIL _____

PLEASE CHECK THE STATEMENT THAT BEST APPLIES (only check one):

- I am proposing to **name an existing** property or property feature that is currently unnamed.
- I am proposing to **rename** a property or property feature that already has a name.

Please enter a description of Existing Property or Property Feature proposed to be named or renamed:

Proposed Name:

Please provide a justification for naming or renaming the existing property or property feature:

Signature: _____ Date: _____