

PEI Geographic Names

Change Request Application

Application for approval to add, rescind or modify a Geographic Place Name

Personal information provided in this application is being collected under the authority of clause 31(c) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, Cap. F-15.01, for the purpose of assessing applications for naming or renaming under PEI's Place Naming Program. This personal information will be used to identify the applicant and provide the notices required under the Program. Personal information may also be used to contact the applicant for the purposes of clarifying the information submitted and to request any additional information which is required for the application. For more information about how personal information is collected, used and disclosed by the Department of Finance please contact Taxation and Property Records 902-368-4070.

1. Please select Change Request Type

Add Name (add a new official name)	Proposed Name									
Rescind Name	Name									
(official name no longer in use)										
Modify Name	Current		•							
(alter the spelling, change possessives or change generic)	Proposed									
Modify Location	Current Coordinates									
(change the latitude/longitude, boundary, extent, or headwaters while	Proposed Coordinates									
retaining the name)	·									
2. Please select Geographic Place Type										
Community / Locality	Town									
City	Rural Municip	ality								
3. Where is this place located on a map?										
County		Town	/Municipality							
Community										
Geographic Coordinates (Datum NAD83 – Latitude / Longitude)										
Map Sheet										
(If known, provide the 1:50 000 scale top	oographic map)									
Define Place Extent 1. Describe the extent of the place to ensure accurate definition of geographic location and size.										
2. Please submit a map outlining the place or geographic feature in question (to ensure accurate location).										
3. Describe any background research conducted on the place (please cite government databases, historical records, etc.)										
4. Please attach letters, notes, etc. demonstrating community support for the name change request.										

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(Please I	review 'PEI's (Guiding Princ	nge important? iples' prior to completindisland.ca/naming	ng this sect	tion o	f the a _l	oplication to ensure	your request	
with the (Please)	guiding pri review 'PEI's (nciples? Guiding Princ	ning of the suggesiples' prior to completing					_	
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	submittin	g this requ	iest?						
Name									
Address									
Business (if applical									
Phone		Fax	(Email					
Applicant	Signature			Date					
7. Please	return app	olication to	:	For st	aff u	se or	nly		
PEI Geographic Names Program			Date						
c/o Taxation and Property Records 95 Rochford Street, PO Box 133 Charlottetown, PE C1A 7N1 Attention: Brent Gajadharsingh		Reviev	ved k	у					
		Appro	ved		Yes	No			
			Reaso	Reason					
Fax: (902) 368 6584 Email: naming@gov.pe.ca Web: Princeedwardisland.ca/naming Questions Taxation and Property Records: (902) 368 4070			I am resp. The inforr I consent contained in t PEI's Place N information prunder the Property.	By submitting this application, the applicant certifies and agrees as follows: I am responsible for carrying out the activities as described in this application form. The information I have submitted is true to the best of my knowledge. I consent to the Government of PEI using the information, including my personal information, contained in the application for the purposes of assessing applications for naming or renaming under PEI's Place Naming Program, which use may include disclosure to the public. The personal information provided in this application will be used to identify me and provide the notices required under the Program. My personal information may also be used to contact me for the purposes of clarifying the information submitted and to request any additional information which is required for the application.					