



# Groveland

FLORIDA

*City with Natural Charm™*

Application for Naming  
of Groveland City Asset  
or Placement of  
Commemorative Work

## Applicant Information

First Name:

Last Name:

Phone Number:

E-mail Address:

Street Address:

City:

State:

Zip Code:

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**Action  
Requested**

Naming  
Commemorative Work

Renaming

Facility/City Asset to be Named/Renamed or Commemorative Work to be Placed

Name Proposed For Facility/City Asset:

Street Address:

## Criteria for Naming/Renaming or Placement of Commemorative Work

Geographic Location

Natural or Geographic Features

Historic Event/Place

Outstanding Individual

Major Gift/Donation

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Geographic Location / Natural Geographic Feature /  
Historic Event / Place Application

Provide Information To Support Selected Criteria (See Paragraph 4 of Policy Section)

# Outstanding Individual Application

Provide Information To Support Selected Criteria (See Paragraph 4 of Policy Section)

## Major Gift / Donation Application

Provide Information To Support Selected Criteria (See Paragraph 4 of Policy Section)

**Supporting Documentation - Please attach any letters of support or other supporting documentation to this request. Ensure that each letter has the name of the person writing the letter, their address and contact information.**

Return Completed Application and Attachments To:  
Office of the City Manager, City of Groveland  
156 S. Lake Ave., Groveland FL 34736