

## **TOWN OF ELIZABETH**

## **MEMORIAL AND FACILITY NAMING APPLICATION**

Contact Name: PATRICK DAVIDSON/MICHEUR DESER Date: 7/2/2024
Phone Number: 303-646-4166 Email: polovidson @ townof FLIZMBETH, ORG
Asset to be named: PARK (bench, park, building, etc.)
Address or Approximate Location of Asset:  RENAME OF HINDEN VILLAGE PARK AT 302 LIBERTY TO  "BRET WADE PARK" OR "WADE PARK"  Suggested Name of Asset: "BRET WADE PARK"  OR WADE PARK"
Suggested Name of Asset: BRET WASE PARK OR WASE PARK (please see attached policy for requirements)
Under which category would you place the suggested name?
Exceptional Individual  Historic Event, Place, or Person  Great Cause or Idea  Features, Flora, or Fauna  Major Gifts  Memorial
Please answer the following questions:
1) If your suggested name is in reference to a person; has the person been deceased for at least two (2) years? Yes No  Has the person not held public office or been employed in Town for at least (5) years? Yes No  Has the person made a significant contribution to the community or had a significant impact on the Town's mission and purpose? Yes No If yes, please describe in more detail below:  BRET WAS VERY ACTIVE IN THE AMERICAN LEGION, VOLUNTEERED FOR OVER IS YEARS WITH THE STAMPENE RONGO, AND SERVED AS A TRUSTEE FOR THE TOWN OF ELITABETH AT THE TIME OF HIS DEATH. HIS COMMITMENT TO THE TOWN WAS UNWAVERING.
2) Will the name have historical, cultural, or social significance for generations to come?  YES
3) Will the name engender a strong and positive image?  Yes



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4)	Will the name memorialize or commemorate people, places, or events that are of enduring
	importance to the community or the nation?
5)	Will the name be identified with some major achievement or the advancement of the public
	good within the community or the nation?
	<u>Yes-Hard working, community Driven, volunteerism</u>
6)	Any other information that you would like the Naming and Memorial Committee to consider for
	your suggested asset name? (Please attach information if needed.)  EUZABETH STAFF, THE BOARD OF TRUSTEES, FORMER
	ELECTED OFFICIALS, MEMBERS OF THE AMERICAN LEGION
	AND VOLUNTEERS WITH THE STAMPEDE HAVE MY REQUESTE
	A MEMORIAL OR FACILITY OF TMAORTANCE BE NAMED AFTER
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l under	stand that the Naming and Memorial Committee has six (6) months to consider this naming
reques	t. After such time, the Naming and Memorial Committee will either deny the naming request or
	d the request to the Board of Trustees for final approval. After such recommendation, the Board
	tees will have another thirty (30) days to vote to approve, deny, or continue for additional
inform	ation regarding the request.
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Signatı	ure Date
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Doto f	forwarded to Committee: 7/2/2024 d
Date	orwarded to Committee.
Appro	ved: Denied:
Date f	iorwarded to BOT:
Appro	ved: