

## **Metropolitan Facilities Naming Request Form**

It is the policy of The Metropolitan Water District of Southern California ("Metropolitan") acting through its Board of Directors to name and rename facilities. The naming and renaming criteria and procedures are available in the <u>Metropolitan Facilities Naming Policy Principle</u>. This form shall be used by an individual, groups of individuals or organization proposing names for new Metropolitan facilities or the renaming of existing Metropolitan facilities.

| 1. Na      | me i  | for consideration:   |
|------------|-------|--|
|            |       | Board to select appropriate Metropolitan facility  |
|            |       | Facility proposed for naming or renaming:  |
| 2. Th      | e cr  | iteria which the proposed name meets or satisfies: (check all that apply)  |
|            |       | Substantial, important and positive impact upon Metropolitan as a member of its Board or staff   |
|            |       | Personal achievements of highest distinction in a public service role, while maintaining close ties with and providing significant support to Metropolitan |
|            |       | Names that have historical or regional significance to the facility or location, ordinarily not for living persons   |
|            |       | Other:   |
| 3. Pro     | ovid  | e supporting documentation, as available:  |
|            | a.    | A memorandum giving the particulars of the naming request that includes the  |
|            |       | rationale for the naming, referring to relevant criteria;  |
|            | b.    | Background and information about the individual, group of individuals, or  |
|            |       | organization for which the facility is to be named or renamed;   |
|            | c.    | Letters of support for this request;   |
|            | d.    | Other information that may be relevant to the potential implementation of the  |
|            |       | request such as historical photographs and articles;   |
|            | e.    | A list of other facilities named, or being proposed to be named or renamed   |
|            |       | after the same individual, group of individuals or organizations, including location and   |
|            |       | date.  |
| You may be | e cor | ntacted by Metropolitan staff for additional information, if needed.   |
| Name of R  | Requ  | estor:   |
| Mailing A  | ddre  | ess:   |
| Telephone  | :     | Email:   |
|            |       | Date:  |

Please mail this application and supporting documents to: Metropolitan Board of Directors, P.O. 54153, Los Angeles, CA 90054-053 or <a href="mailto:ssims@mwdh2o.com">ssims@mwdh2o.com</a>