



TOWNSHIP OF ZORRA

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ZORRA ASSET NAME REQUEST FORM

Name:	Email:
Phone:	Cell Phone:
Business/Organization Name (if applicable):	
Address:	
Name(s) Requested:	
Category/Theme:	
Reason/Significance of Request (include historical and background information):	

Please use separate sheet if more space is needed.

For Internal Staff Use Only:
Date Name request received:
Date to be provided to Council for consideration:

Notice of Collection/Use/Disclosure: All information submitted in support of meetings of Council/Committee is collected in accordance with the Municipal Act, 2001, s. 8 and 239 (1) and may be used in deliberations, and disclosed in full, including email, names and addresses to persons requesting access to records of Council/Committee. All information submitted to the Municipality is subject to disclosure under the Municipal Freedom of Information Act (MFIPPA). Questions about this notice of collection should be directed to the Clerk's Office 519-485-2490.