

## **Township of Zorra**

163 Brock Street PO Box 189 Thamesford Ontario N0M 2M0

519-485-2490

www.zorra.ca

admin@zorra.ca

## **Zorra Names Registry Request Form**

Name:	Email:
Phone:	Cell Phone:
Business/Organization Name (if applicable):	
Address:	
Name(s) Recommended:	
History/Background:	

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:

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