



CITY OF TSHWANE METROPOLITAN MUNICIPALITY

APPLICATION FOR NAMING AND/OR RENAMING PUBLIC PLACES AND STREETS

NB: Use one form per feature!

001	For which feature is the proposed name intended? (e.g. a township name zone, township name, public street, municipal property or names bank)		
002	Proposed Names:		
	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE
003	(I) Give the meaning and the language from which the name has been derived.		
	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE
	Meaning:	Meaning:	Meaning:
	Language:	Language:	Language:
	(II) Give the origin of the name if you know it. (e.g. Gauteng - place of gold) * as well as the source of the name		
	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE

FOR RENAMING APPLICATION PLEASE COMPLETE 006 and 007				
006	Is the proposed name of long standing (50 years or more), relatively new (10-50 years), or new (5 years or less)?	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE
	
007	<p>In the case of a proposed change of name, give current name and reasons for the change.</p> <p>CURRENT NAME:</p> <p>REASONS FOR THE CHANGE*</p> <p>.....</p> <p>.....</p> <p>.....</p>			
008	<p>Status of applicant</p> <p>Official authority of individual or other applicant e.g. tribal authority, representing state department, Transnet, provincial government, Local Authority, private company, interest group, and other.</p>			
009	<p>Particulars of applicant</p> <p>Name:</p> <p>Address:</p> <p>Fax/ E-mail:</p> <p>Contact number:</p> <p>Signature:</p> <p>Date:</p>			
010	<p>Particulars of person and/or stakeholder who acted as informant or who provided information regarding the name</p> <p>Name:</p> <p>Name:</p> <p>Address:</p> <p>Fax/ E-mail:</p> <p>Contact number:</p> <p>Signature:</p> <p>Date:</p>			

Please send this form to:

Postal
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 Land-use and Legislation Applications Management Division
 City Planning Department
 City of Tshwane Metropolitan Municipality
 PO Box 3242, Pretoria, 0001

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