



# TROUP COUNTY SCHOOL SYSTEM

## NAMING OF FACILITIES REQUEST FORM

FACILITY TO BE NAMED: \_\_\_\_\_

REQUESTED NAME FOR THE FACILITY: \_\_\_\_\_

LOCATION: \_\_\_\_\_

PRESENT NAME OF FACILITY, IF KNOWN: \_\_\_\_\_

PURPOSE FOR REQUEST TO NAME THE FACILITY (The Board of Education will consider the request depending upon the merit of the information provided herein. It is important that all pertinent information be shared either on this form or attached to the form.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERSON SUBMITTING REQUEST (If the person making the request represents a group of people, please indicate the group represented and in what capacity you serve as the representative.)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

GROUP REPRESENTING: \_\_\_\_\_

Complete and mail this form along with any supporting documentation to:

Troup County Board of Education  
Attention: Naming of Facilities Requests  
100 N. Davis Road, Building C  
LaGrange, GA 30241

Or Fax to (706) 812-7904