

your location is Ryerson Park, 805 5th Ave E."

APPLICATION FOR RE-NAMING A CITY PARK OR FACILITY FORM

Submit form to: City of Owen Sound, c/o Briana Bloomfield, 808 2nd Avenue East, Owen Sound, ON N4K 2H4, 519-376-4440 Ext. 1247 or e-mail bbloomfield@owensound.ca

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A. APPLICANT INFORMATIO	N (can be an indiv		
Last Name Finlay		First Name Anne	
Address		•	Email
City Owen Sound	Postal Code N4	< 6S8	Province ON
Telephone Number Work:		Telephone Number Home:	
B. PROPOSED RE-NAMING O	F PARK OR FACILI	TY	
Current Name of Park or Facility	^y Ryerson Pa	rk	
Proposed Name of Park or Facil	old School	Park	
Address 805 5th Ave E			
C. REASONS IN SUPPORT OF	F RE-NAMING -plea	se refe	r to Policy CS-087
Using the space provided, plin support of re-naming (income 087. Please attach additional)	cluding primary sou	ırces) v	pletely document the reasons while referencing Policy CS-
the university bearing his name, (now re-	graves at an Indian Residen named Toronto Metropolitar	tial School University	would become the target of vandalism. in Kamloops, the statue of Egerton Ryerson a y) was defaced with red paint and removed. in case of emergency, call 911 and tell them

The park remains Ryerson Park on the City's website, but there is no signage – suggesting that the City is still conflicted about community feelings. Many of us find honouring Ryerson is not in the spirit of reconciliation that the City claims others feel the nostalgia of family attending Ryseron School across the road, for which the park was named. The school is now an apartment building.

My suggestion of Old School Park is that the name recognizes the sentiment of the park's history without the baggage of the Ryerson name. It notes a landmark (as per the re-naming policy), and acknowledges the nature of the redeveloped neighbourhood park - "old school" — throwing a ball, sliding on small sliding hills, sitting on a bench in the shade of mature trees, and swinging on swings.

D. SIGNATURE OF APPLICANT						
July 25, 2024	Signature	3				
E. CITY USE						
Date Received						
Date Application Deemed Complete	Signature					
Resubmission Date						
Resubilission Date						
F. APPLICATION INFORMATION						
Return Application to:						
City of Owen Sound						
c/o Briana Bloomfield 808 2 nd Avenue East						
Owen Sound, ON N4K 2H4						
Tel: 519-376-4440 ext. 1247; Fax: 519-376-6028						
E-mail: <u>bbloomfield@owensound.ca</u>						