

EXHIBIT 2

MECKLENBURG COUNTY FACILITIES NAMING AND RENAMING POLICY APPLICATION

I. **General Policy Statement**

The Board of County Commissioners (BOCC) shall be responsible for approving all names of facilities in Mecklenburg County Government consistent with the Mecklenburg County Facilities Naming Policy.

II. **Applicant's Information**

Name of Individual/Group Making Application:

Address: LUESA, 2145 Suttle Ave, Charlotte, NC 28208

Telephone: Home: 980-314-3629 Business: 704-534-6588

Mobile: _____ Fax: _____

Email: ebenezer.gujjarlapudi@mecklenburgcountync.gov

Site of Naming/Renaming to be Considered: Suttle Ave/ LUESA Building

III. **Recommendation and Supporting Information**

Recommended Name: RUSSELL S. ROZZELLE OFFICE BUILDING

The recommended name is a reference to (check one of the following):

☐ a living person

☒ a deceased person

☐ other reference (please explain): _____

(If none of the above, please skip all remaining questions and provide a one-page rationale to support recommended name)

IV. **Background Check**

If the request is to name a facility after a person, living or deceased, please provide the following information about that person. This information will be used only to conduct a background check on the person for whom the naming is being requested and will be held confidential.

Current Address (if living): 1214 Rainbow Dr, Mount Holly, NC 28120

Date of Birth: September 13, 1956

Social Security Number: [REDACTED]

V. Name of civic/community activities, position of leadership and dates of involvement:

[see attached document](#)

VI. Organizations and positions held: [see attached document](#)

VII. Awards and honors: [see attached document](#)

VIII. Additional comments: [see attached document](#)
