

TEXAS HISTORICAL COMMISSION

REQUEST TO RELOCATE AN OFFICIAL TEXAS HISTORICAL MARKER

Marker Title: ____

County: ____

Current location (including nearest city): ____

Proposed location: ____

Reason for requesting relocation: ____

Who will be responsible for the relocation? (THC cannot assume liability for damages or injuries.)

Name: ____ Signature: _____

Address: ____

City: ____ State: ____ Zip: ____

Daytime phone: ____ Fax: ____ Email: ____

Approval of county historical commission:

County chair or marker chair (name): ____

Address: ____

City: ____ State: ____ Zip: ____

Daytime phone: ____ Fax: ____ Email: ____

Signature: _____

Permission of property owner at proposed new location:

Name: ____ Signature: _____

Address: ____

City: ____ State: ____ Zip: ____

Daytime phone: ____ Fax: ____ Email: ____

Please include the following:

1. A current photograph of the proposed marker location.
2. A city or county map denoting the current and proposed locations.
3. A current photograph of marker.

Texas Historical Commission

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real places telling real stories

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