

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 send this form along with the following to markers@thc.texas.gov:

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.

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Texas Historical Commission
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real places telling real stories

www.thc.texas.gov