**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.