

**REQUEST FOR A REVIEW OF MARKER TEXT**

**Marker Title:**       **County:**

**Marker Number (if known):**       **Marker Year:**

**Street address of marker site, if applicable:**

Otherwise, give a precise verbal description here (e.g. northwest corner of 3rd and Elm, or FM 1411, 2.6 miles east of Post Oak Creek):

**Reason(s) for marker correction (mark all that apply)**

The name of an individual or organization is not spelled correctly

Text includes a date that is not historically accurate

Text includes a statement that is not historically accurate

Has been installed at the wrong location

**For the reason(s) selected, include with this application form up to 10 single-sided pages of supplemental documentation printed in a font size no smaller than 11. Supporting material that is well-researched, orderly and fully documented will help the THC determine if the marker contains a factual error. Please include a current photograph of the marker, if available.**

**Requestor** (may be individual or organization)**:**

**Contact person** (if applicable)**:**

**Mailing address:**       **City, State, Zip:**

**Phone:**       **Email address** (required)**:**      

Requests shall be submitted to the Commission at 1511 Colorado St., Austin, TX 78701; by mail to P.O. Box 12276, Austin, TX 78711; or by email to [markers@thc.texas.gov](mailto:thc@thc.texas.gov).

**Please see** [**https://www.thc.texas.gov/marker-review**](https://www.thc.texas.gov/marker-review) **for full details of the review process.**