



MISHAWAKA
HISTORIC
PRESERVATION
COMMISSION

MISHAWAKA HISTORICAL MARKER PROGRAM Application Form

This application form must be filled out completely.
Attach documentation and supporting information as required.
Please type or print clearly.
Return Application by September 30 to: Christa Hill, Secretary

1. **Proposed Title of Marker:** _____

2. **Address:** _____

3. **The Marker Will Commemorate** (Please check all that are appropriate:)

<input type="checkbox"/>	Person	<input type="checkbox"/>	Event
<input type="checkbox"/>	Historic Property or District	<input type="checkbox"/>	Organization
<input type="checkbox"/>	Graveyard or Archaeological Site	<input type="checkbox"/>	Other

4. **Submission Material Included:**

<input type="checkbox"/>	Statement of Significance	<input type="checkbox"/>	Secondary Source Material
<input type="checkbox"/>	Suggested Marker Title	<input type="checkbox"/>	Digital Images at Location
<input type="checkbox"/>	Primary Source Material	<input type="checkbox"/>	Map (with proposed marker location)

5. **Applicant Information**

Applicant's Name (Individual/Organization): _____

Mailing Address: _____

City: _____ State: _____ Zipcode: _____

Telephone (including area code): _____

Email: _____

SIGNATURE: _____ DATE: _____

6. **Property Owner**

Applicant's Name (Individual/Organization): _____

Mailing Address: _____

City: _____ State: _____ Zipcode: _____

Telephone (including area code): _____

Email: _____

SIGNATURE: _____ DATE: _____