

OWNER OF RECORD

Verification Form for Nominations to the National Register of Historic Places

Owner/adjacent owner information must be obtained within 120 days of the quarterly board meeting for which the district or resource will appear on the agenda.

Name of Property: _____

Located in County or City of _____

OWNER OF RECORD _____
or CONTACT PERSON (Name for Notification Purposes)

Address _____

City / State / Zip Code _____

Telephone: DAY _____ / _____ EVENING _____ / _____
Area Code / Number Area Code / Number

(In the event of corporate ownership or a historic district nomination, the name of the appropriate contact person must be provided.)

ADJACENT PROPERTY OWNERS (Names and addresses of **ALL** owners adjacent to the proposed property boundaries must be submitted. Please use another 8 1/2 x 11 sheet if necessary.)

(1) _____ (2) _____

LABELS REQUIRED WITH FINAL NOMINATION SUBMISSION (regardless of total number of owners or adjacent owners)

For all nominations: Two (2) identical sets of labels for owners, consultants, and adjacent property owners MUST be submitted for legal proper notification.

ALL LABELS MUST BE TYPED/PRINTED

NO HANDWRITTEN LABELS ACCEPTED

RECORDS CONSULTED _____ Vol. _____ Page(s) _____
Name of County or City Tax Land Deed Book or Will Book Reference
Assessor Records

By visit: ___Yes ___No By telephone: ___Yes Telephone Number: _____ / _____

Date records consulted _____ By _____
Name and **SIGNATURE REQUIRED**

____ Check if Consultant is to receive a copy of all notification. Address _____

City, State, Zip Code _____

MANDATORY FORM

Telephone _____ / _____