



MISHAWAKA  
HISTORIC  
PRESERVATION  
COMMISSION

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## MISHAWAKA HISTORICAL MARKER PROGRAM

### Application Form

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This application form must be filled out completely.  
Attach documentation and supporting information as required.  
Please type or print clearly.

### Application Information

Applicant's Name (Individual/Organization): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone (including area code): \_\_\_\_\_

Email: \_\_\_\_\_

### Proposed Title of Marker

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### The Marker Will Commemorate

Please check all that are appropriate:

- Event     Historic Property or District     Graveyard or Archaeological Site  
 Organization     Person     Other

### Submission Material Should Include

- Statement of Significance     Secondary Source Material  
 Suggested Marker Text     Digital Images at Location (if applicable)  
 Primary Source Material

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Return Application by September 30 to: Christa Hill, Associate Planner