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|  | New Mexico Official Scenic Historic Marker ProgramApplication Form |
|  |
|  |
| **Name of Marker:** |  |
|  |  |  |
| **County:** |  |
|  |  |  |
| **Review:** |  |  |
|  | [ ]  New Marker | [ ]  Revised Text |
|  | [ ]  Original Text/Replacement Marker | [ ]  Move of Existing Marker |
|  |  |  |
| **Text:** |  |  |
|  | [ ]  One-sided | [ ]  Two-sided |
|  |  |  |
|  |  |  |
| **Suggested Installation Site:** |  |
|  |
| **Proposed Text:** |  | **Word Count:** |  |
|  |  |  |  |
|  | Type marker text here (50-80 word limit per side) |

|  |  |
| --- | --- |
| **Applicant Name:** |  |
|  |  |  |
| **Organization (if applicable):** |  |
|  |  |  |
| **Address:** |  |
|  |  |  |
| **Phone Number:** |  | **Email:** |  |
|  |  |  |  |
| **Researcher/Author:** |  |
|  |  |  |
| **References/Source(s):** |  |
|  |  |  |
|  |
|  |

***For HPD Staff:***

|  |  |  |  |
| --- | --- | --- | --- |
| **CPRC Meeting Date:** |  | **Text Approved by CPRC Date:** |  |
|  |  |  |  |
| **CPRC/Staff Comments:** |  |
|  |  |  |
|  | Type comments here |
|  |  |
| **NMDOT District:** |  | **NMDOT Highway:** |  |
| **For Referral to:** |  |
|  |  |
| **Previous Title & Text:** |  |
|  |  |
| Type previous text here |

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| --- |
|  |
|  |

Send this form and any additional supporting documentation via email to matt.saionz@dca.nm.gov.