

DUE NO LATER THAN JANUARY 4, 2024



**CITY OF GLEN ROSE, TEXAS
HISTORIC LANDMARK PROPERTY TAX EXEMPTION**

Property owner: _____

Name of building (if applicable): _____

Name and Type of business (if applicable): _____

Physical address of property: _____

Owner's mailing address: _____

Telephone number: _____ Tax ID Number: _____

I request consideration for a Historic Landmark ad-valorem tax exemption as authorized by City of Glen Rose ordinance. I currently own a registered Historic Landmark that is located in the Historic Preservation District, City of Glen Rose, Texas. I further understand that I must maintain this Historic Landmark within the standards of the Historic Preservation Ordinance and that failure to do so could jeopardize the approval of this tax exemption and could subject me to other penalties now and in the future.

I hereby swear or affirm that under penalty of perjury, that the above information provided is, to the best of my knowledge, true, correct, and complete. I further swear or affirm that I am the owner of this property.

Property owner's signature

Date

FOR OFFICIAL CITY USE ONLY

Verification: Address Owner Tax ID Number Historic Status

Recommended for Tax Exemption: Yes No (reason required)

Reason: _____

Authorized signature: _____ Date: _____