

## 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:	Dato: