



Historic Landmark Preference Form

HISTORIC PRESERVATION COMMISSION

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Name: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____

LANDMARK NOMINATION OF PROPERTY

Common address of nominated property: _____

Owner of nominated property: _____

Please check one:

- I **support** the nomination of the aforementioned property for landmark designation.
- I **do not** support the nomination of the aforementioned property for landmark designation.
- I have **no opinion** regarding the nomination of property for landmark designation.

COMMENTS: Please use the following space to add additional comments. Attach additional papers if necessary.

Signature: _____

Date: _____

Signature: _____

Date: _____

PLEASE RETURN THIS FORM ONCE COMPLETED TO:

City of Urbana
 Community Development Department Services
 Planning Division
 400 South Vine Street
 Urbana, IL 61801
 Phone: (217) 384-2440
 Fax: (217) 384-2367