

THE MARKER PROGRAM  
East Providence Historical Society  
P.O. Box 4774  
East Providence, RI 02916-4774

**APPLICATION**

Date of application \_\_\_\_\_

Name of applicant \_\_\_\_\_

Address of applicant \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant phone # (\_\_\_\_) \_\_\_\_\_

Applicant email \_\_\_\_\_

Location of structure (if other than above address) \_\_\_\_\_

Historical or traditional name, if any, by which structure is known and the neighborhood in which it is located. \_\_\_\_\_

Owner of building, if other than above \_\_\_\_\_

Chain of title \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicants are encouraged to submit with this application copies of any background information and photographs which will aid the Marker Committee in establishing the historical or architectural significance of the building. The date of construction and the names of the architect and builder are especially helpful.

Thank you.  
East Providence Historical Society Marker Committee