

THE WALTHAM HISTORICAL SOCIETY

HISTORICAL PLAQUE PROGRAM APPLICATION

APPLICANT INFORMATION

Full Name:	Last	First		<i>M.I.</i>	Date:
Address:					
Address.	Street Address				Apartment/Unit #
	City			State	ZIP Code
Phone:			Email		
Current Wa	ltham Historical	Society Member?	S NO	ΓΙΟΝ	
Waltham Adthe plaque i	ddress for which is being requeste			ber and Street Name	
	House Name ed in <i>MACRIS</i>):				
	onstruction Date esearch below):				
Earliest Lot "with Build	Deed specifying	Book:		Year:	
Earliest list living at thi	ing of a Voter s location:	Year:		Ward:	
		Voter Name:		Precinct:	
Earliest Occ City/Town	cupants listed in Directory:				

ADDITIONAL RESEARCH

Please include the sources used in the above research and any additional information you want to share with our volunteers about your building that will help us verify your research:					
Please attach current photographs or digital images of the front and side elevations of the building.					
AUTHORIZATION AND SIGNATURE					
☐ I hereby authorize the Waltham Historical Society to publish the provided building information and photos in future publications including but not limited to databases, newsletters, social media posts and websites (personal information will not be shared).					
Signature: Date:					
Please mail this form, your payment, and other related materials to:					
TATALIA TTI I C					

Waltham Historical Society 190 Moody Street Waltham, MA 02453 Attn: WHS Plaque Program

Still have questions? Please contact: houseplaques@walthamhistoricalsociety.org