

EXHIBIT "A"

PROPERTY OWNER FORM

Name of Property:

Location of Property (Street/City/County):

I, _____, hereby certify that the following constitutes the complete list of owners of record for the property named above. This information was obtained from the _____.

Name:

Address:

City:

State:

Zip Code:

(Signature of Nomination Preparer)

Typed Name and Title:

Date:

Note: If nomination affects multiple property owners, please contact the SHPO's Architectural Historian at 405/522-4478 for details on how to document all property owners.