HISTORIC PERRYSBURG, INC.
P.O. Box 703
Perrysburg, OH 43552

Historical Plaque Qualification Request

Please complete the following information about your home or building:

A. Property Location (if different from property owner)

Address:_____

City:_____State:_____Zip:_____

B. Property Owner

Name: _____

Address: _____

City: _____State: _____Zip: _____

Phone: _____ Email: _____

C. Year of Construction (exact or approximate): _____

D. Qualifications Review (to be completed by Historic Perrysburg, Inc.)

Comments:

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Reviewed by:_____Date:_____