



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 Owner

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

B. Property Location (if different from above)

Address: _____

City: _____ State: _____ ZIP: _____

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

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

Comments: _____

Reviewed by: _____ Date: _____