



P.O. Box 703
Perrysburg, OH 43552

Historical Plaque Qualification Request

Please complete the following information about your home or building:

Property Location

Street Address _____

City _____ State _____ ZIP _____

Property Owner

Name(s) _____

Street Address (if different from above) _____

City _____ State _____ ZIP _____

Phone: _____ Cell: _____ E-mail: _____

Year of Construction (exact or approximate): _____

Source of Verification of Construction Year: _____

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

Comments: _____

Reviewed by: _____ *Date:* _____