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:_______________________________