



OHI Number Request Form

User Information

Date: _____

Name: _____ Organization: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____

Project Information

Project Name: _____

Sponsoring Agency/
Organization: _____

Survey Location: _____ County: _____

Survey Level: _____ (Reconnaissance or Intensive)

of Resources: _____ (Please complete Excel spreadsheet)

SHPO Project #: _____ (If known)

SHPO Reviewer: _____ (If known)

Who requested the completion of the OHI survey forms? (Sponsoring Agency, SHPO, CLG, etc.)

Additional Comments:

Return completed form by email to csimmons@ohiohistory.org

800 E. 17th Ave., Columbus, Ohio 43211-2474 • 614.297.2000 • ohiohistory.org

Delivered: _____

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