

**** REGISTRATION FORM FOR OUT-OF-COUNTY OWNERS****

Please complete the following sections and return to *City of Cleveland Heights Housing Inspections Department, 40 Severance Circle, Cleveland Heights, Ohio 44118 Attention: Chris Pollock.*

SECTION I OWNERSHIP INFORMATION

Property Address _____

Owner Name(s) _____

Owner Mailing Address _____
Number Street

City State Zip Phone (including area code)

You may use a Post Office for mailing purposes only. If you chose to use a Post Office Box, you must furnish a residential or business address.

Number Street City State Zip

SECTION II AGENT INFORMATION

Property Address _____

Agent Name(s) _____

Agent Mailing Address _____
Number Street

City State Zip Phone (including area code)

You may use a Post Office for mailing purposes only. If you chose to use a Post Office Box, you must furnish a residential or business address.

Number Street City State Zip