



FORECLOSURE BOND RELEASE OF BALANCE

CITY OF CLEVELAND HEIGHTS, DIVISION OF INSPECTIONAL SERVICES

CITY OF CLEVELAND HEIGHTS
HOUSING INSPECTIONS DEPARTMENT
40 Severance Circle
Cleveland Heights, Ohio 44118

PROPERTY ADDRESS: _____

TYPE OF PROPERTY: _____

NUMBER OF UNITS: _____

CERT. OF INSPECTION DATE(POS): _____

ESCROW ACCOUT: YES or NO

FORECLOSURE CASE NUMBER: _____ FILING DATE: _____

TRANSFER OF OWNER SHIP DATE: _____

REFUNDEE NAME:(As to appear on refund check): _____

ADDRESS (NO PO BOX): _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

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TRANSFER OF OWNERSHIP: In the event that you decide to transfer the above-identified property by sale, gift, or otherwise (or any other property that has been issued a notice to make repairs or demolish a structure by the City of Cleveland Heights), the transferee must FIRST sign an statement acknowledging that they are aware that code violations have been found by the City of Cleveland Heights and that they ACCEPT FULL RESPONSIBILITY for bringing the property into compliance or any other requirement of the City of Cleveland Heights Codified Ordinances Chapter 13.

APPLICANT SIGNATURE APPLICANT PRINTED NAME DATE

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Office Use Only

Parcel # _____

Date Request Received: _____

Balance Issued Date: _____

Check #: _____

Money Order: _____