



SHAKER HEIGHTS

DESIGNATION OF AGENT FORM

PROPERTY ADDRESS _____

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OWNER INFORMATION

NAME _____

ADDRESS _____

TELEPHONE NO. (HOME) _____ (BUSINESS) _____

I, the owner of the above-named property, do hereby designate _____, a resident of Cuyahoga County, as my agent for the purpose of receiving notices pertaining to this property that relate to compliance with ordinances, laws, and rules of the City of Shaker Heights. I agree that notice upon my agent shall be deemed to be notice upon me. I AGREE TO NOTIFY THE CITY'S DEPARTMENT OF HOUSING INSPECTION SHOULD I CHANGE THE AGENT, AND IF MY AGENT NAMED HEREIN IS NO LONGER SERVING IN THAT CAPACITY I AGREE THAT I SHALL APPOINT ANOTHER AGENT AND NOTIFY THE CITY OF THAT APPOINTMENT.

DATE _____

SIGNATURE OF OWNER

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AGENT INFORMATION

NAME _____

ADDRESS _____

TELEPHONE NO. (HOME) _____ (BUSINESS) _____

I, _____ do hereby accept this designation as agent for the purpose of receiving notices of inspections, orders and otherwise from the City of Shaker Heights relative to this property. Service of notice upon me as agent shall be deemed to be notice upon the owner. I AGREE TO NOTIFY THE CITY'S DEPARTMENT OF HOUSING INSPECTION SHOULD I CEASE BEING THE AGENT OF THE OWNER.

DATE _____

SIGNATURE OF AGENT

Rev 02/20/09