



SHAKER HEIGHTS

FORECLOSURE REGISTRATION FORM

Date of Filing: _____ Case #: _____

Property Address: _____ PPN #: _____

Current Property Owner:

Name: _____

Address: _____ Telephone: _____

City: _____ State/Zip: _____

Person/Entity Filing Foreclosure:

Legal Name: _____

Address: _____ Telephone: _____

City: _____ State/Zip: _____

E-mail: _____

Foreclosure Legal Counsel:

Name: _____

Address: _____ Telephone: _____

City: _____ State/Zip: _____

E-mail: _____

Mortgagee Property Maintenance Company:

Name: _____

Address: _____ Telephone: _____

City: _____ State/Zip: _____

E-mail: _____

Registration fee \$150.00. Late fee \$300.00. Please make checks payable to City of Shaker Heights.

Signature: _____ Date: _____

Please submit this form and fee to the Housing Inspection Department at 3450 Lee Road, Shaker Heights, Ohio 44120 within 30 days of the filing of the foreclosure. (Section 107.08). If you have any questions please contact Joanne Dutches at (216) 491-1469 or Reginald Evans at (216) 491-1478.

For Office Use Only:

Date Received: _____ Receipt #: _____ By: _____ 5/07/12