



REGISTRATION OF DWELLING STRUCTURE BY OUT-OF-COUNTY OWNERS FORM

C.O.C.H. 1351.34 & 1369.16

Please complete the following sections and return along with payment of \$100.00 to:

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

SECTION I OWNERSHIP INFORMATION

CHPropertyAddress _____

Owner Name(s) _____

Owner Mailing Address _____
Number Street

City State Zip Phone (including area code)

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

Number Street City State Zip

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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 Box for mailing purposed only. If you choose to use a Post Office Box, you must furnish a residential or business address.

Number Street City State Zip

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Office Use Only

Date Received _____ Amount Paid _____

Paid By Cash ___ Check ___ Check# ___ Money Order ___