

Residential Rental Property Registration Form

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Parcel ID

10-00-009-111-012
10-00-009-111-013

2011 JUN -7 P 2:34

LORAIN COUNTY
AUDITOR

(21)

If the property contains more than one street address, enter both the first and last number.

If it involves 20 units or more, please only give the main address.

Street Number 91880 through _____
Street Direction _____
Street Name Ethel
Street Suffix Dr.
Apartment / Suite Number _____
of living units on parcel _____

Owner Information

If owned by a business or owner does not reside in Ohio, please provide contact name & information

Owner / Contact Name Bernard A. Walsh + Diana S. Walsh

Business Name _____

Title _____ Owner, Manager, General Partner, Trustee, etc

Contact Address 1 _____

Contact Address 2 _____

City _____

State: Ohio Yes

Zip Code + 4 _____

Phone Number (440) 322-3497 ext _____

Authorized Signature [Signature] Date 6-3-11
[Signature] 6/3/11