

Residential Rental Property Registration Form

Parcel ID

02010041110008

(42)

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 802 ~~804~~ through 804 1/2
Street Direction West
Street Name 10th
Street Suffix St
Apartment / Suite Number _____
of living units on parcel 3

Owner Information

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

Owner / Contact Name Rosemary Benson
Business Name _____
Title Owner (Manager, General Partner, Trustee, etc)
Contact Address 1 1233 W. 21st St.
Contact Address 2 _____
City Lorain
State: Ohio Yes
Zip Code + 4 44052 - 4509
Phone Number (440) 246-0599 ext _____
Authorized Signature Rosemary Benson Date 6/19/08