

Residential Rental Property Registration Form

42

Parcel ID

0201006135011

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 923 through _____
Street Direction WEST
Street Name 17th
Street Suffix STREET LORAIN OHIO 44052
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 BRADLEY S SMITH
Business Name _____
Title _____ Owner, Manager, General Partner, Trustee, etc
Contact Address 1 1233 W 11th ST
Contact Address 2 _____
City LORAIN
State: Ohio Yes
Zip Code + 4 44052
Phone Number 440 653-6573 ext. _____
Authorized Signature BS date 7/29/08

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