

Residential Rental Property Registration Form

Parcel ID

02-02-017-116-004

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 1807 through _____
Street Direction West
Street Name 28th St
Street Suffix _____
Apartment / Suite Number _____
of living units on parcel 1

Owner Information

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

Owner / Contact Name David A Lugar
Business Name _____
Title _____ Owner, Manager, General Partner, Trustee, etc
Contact Address 1 6901 Buckhorn Blvd
Contact Address 2 _____
City Lorain
State: Ohio Yes
Zip Code + 4 44053
Phone Number (216) 864-8181 ext _____
Authorized Signature _____ Date _____