

Residential Rental Property Registration Form

Parcel ID

0300098105015

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.

(42)

Street Number 2839 through ELYRIA AVE  
Street Direction \_\_\_\_\_  
Street Name ELYRIA AVE  
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 [Signature]  
Business Name \_\_\_\_\_  
Title \_\_\_\_\_ Owner, Manager, General Partner, Trustee, etc  
Contact Address 1 #3 Twp Rd 581  
Contact Address 2 Sullivan OH 44880  
City \_\_\_\_\_  
State: Ohio  Yes  
Zip Code + 4 \_\_\_\_\_  
Phone Number (410) 371 7618 ext \_\_\_\_\_  
Authorized Signature [Signature] Date 4 May 09

[Signature]