

Residential Rental Property Registration Form

Parcel ID

1600002103004 / 1600002103009

32

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 966 through _____
Street Direction _____
Street Name Mechanic
Street Suffix St
Apartment / Suite Number _____
of living units on parcel 2

Owner Information

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

Owner / Contact Name Chad & Sarah Singhas
Business Name _____
Title Owner Owner, Manager, General Partner, Trustee, etc
Contact Address 1 43306 Parsons Rd
Contact Address 2 _____
City Lagrange
State: Ohio Yes
Zip Code + 4 44050
Phone Number (440) 458-6065 ext _____
Authorized Signature Sarah J. Singhas Date 7/2/09