

Residential Rental Property Registration Form

Parcel ID

0360041116015

(64)

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 812 through _____

Street Direction _____

Street Name MARLOW

Street Suffix STREET

Apartment / Suite Number _____

of living units on parcel ONE

Owner Information

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

Owner / Contact Name PAUL AND LOUZ AUFDENKAMPPE

Business Name _____

Title Owner Owner, Manager, General Partner, Trustee, etc

Contact Address 1 5203 PARK HURST DR.

Contact Address 2 _____

City SHEFFIELD VILLAGE

State: Ohio Yes

Zip Code + 4 44054

Phone Number (440) 934-9499 ext _____

Authorized Signature [Signature] Date 5/14/08