

LORAIN

Residential Rental Property Registration Form

Parcel ID

0300043109029

(19)

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 850 through _____
Street Direction _____
Street Name Warwick Dr.
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 Sean or Candice Schill
Business Name _____
Title Owner Manager, General Partner, Trustee, etc
Contact Address 1 942 Warwick Dr.
Contact Address 2 _____
City Sheffield Lake
State: Ohio Yes
Zip Code + 4 44054
Phone Number (440) 949-6194 ext _____
Authorized Signature Sean W. Schill Date 11-25-08