



THE CITY OF MAYFIELD HEIGHTS

6154 Mayfield Road - Mayfield Heights, Ohio 44124-3296
Phone: 440/442-2107 Fax: 440/442-7662

NOTIFICATION OF FORECLOSURE FILING

Date: _____ CV- _____ - _____

1. Address of Property: _____ PPN _____
Is this property: _____ Single Family _____ Two Family _____ Commercial _____ Other

2. Name of Current Property Owner: _____
Address: _____ Phone: _____
City: _____ State/Zip: _____

3. Name of Party Filing Complaint for Foreclosure: _____
Address: _____ Phone: _____
City/State/Zip: _____ Contact Person: _____

4. Name of Party Responsible for Maintenance when Property is Vacant: _____
Address: _____ Phone: _____
City/State/Zip: _____ Contact Person: _____

5. Fees: In accordance with Section 1345.04 of the Codified Ordinances of the City of Mayfield Heights, a fee of \$60.00 is required to be submitted along with this notification. Please make check payable to the City of Mayfield Heights, 6154 Mayfield Road, Mayfield Heights, OH 44124 Attn: Building Department

Prepared by: Name _____
Company _____
Address _____
Phone # _____
Signature _____