

CITY OF BEDFORD HEIGHTS, OHIO
HOUSING COORDINATOR
5661 PERKINS ROAD
BEDFORD HEIGHTS, OHIO 44146
440-786-3244
440-786-3277 - FAX

NOTIFICATION OF FORECLOSURE FILING

DATE _____

1. Address of Property _____ Ward _____

Permanent Parcel No. _____

Is this property _____ Single Family _____ Two Family _____ Three Family
_____ Commercial _____ Other

2. Name of Current Property Owner _____

Address _____
City _____ State _____ Zip _____
Phone _____ Soc. Sec. No. or E.I.N. _____

3. Name of Party Filing Complaint for Foreclosure _____

Address _____
City _____ State _____ Zip _____
Phone _____ Contact Person _____

4. Name of Party Responsible for Maintenance when Property is Vacant _____

Address _____
City _____ State _____ Zip _____
Phone _____ Contact Person _____

5. Fees: In accordance with Section 1341.02 of the Codified Ordinances of the City of Bedford Heights, a fee of \$100.00 is required to be submitted along with this notification. Make check payable to the City of Bedford Heights.

For Office Use Only:

Date Paid _____ Check No. _____ Receipt No. _____