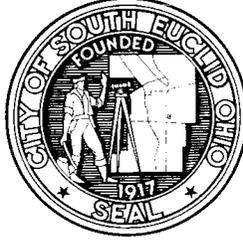


CITY OF SOUTH EUCLID



BUILDING DEPARTMENT
**NOTIFICATION OF
FORECLOSURE FILING**

Date: _____

1. Address of Property: _____ PPN _____

Case Number: _____ File Date: _____

Is this property: _____ Single Family _____ Two Family _____ Three 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 1412.04 of the Codified Ordinances of the City of South Euclid, a fee of \$75.00 is required to be submitted along with this notification. Please make check payable to the City of South Euclid.

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For Office Use Only:

Date Paid: _____ Check No.: _____ Receipt No.: _____