

FORM

VP-A ASSUMPTION OF VACANT VIOLATIONS

PRINT OR TYPE ALL FIELDS

DATE

/ /

NUMBER & STREET OF VACANT BUILDING

SUITE / FLOOR

NAME OF OBLIGATED PARTY

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

- -

NAME OF ESCROW ACCOUNT HOLDER

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

- -

NAME OF ESCROW OFFICER

EMAIL ADDRESS OF ESCROW OFFICER

AMOUNT TO BE HELD IN ESCROW

\$, . 0 0

ESCROW SHALL BE RELEASED TO:

PROPERTY WILL BE: OWNER OCCUPIED RENTAL RESALE

I HEREBY ACKNOWLEDGE THAT I AM AWARE OF THE REMAINING VIOLATIONS AND ACCEPT THE RESPONSIBILITY OF CORRECTING THEM TO THE SATISFACTION OF THE SOUTH EUCLID BUILDING AND HOUSING DEPARTMENT. BY ACCEPTING RESPONSIBILITY FOR THESE VIOLATION(S), I UNDERSTAND THAT ALL VIOLATION(S) MUST BE CORRECTED WITHIN (6) MONTHS FROM THE DATE THE TITLE IS TRANSFERRED AND AGREE TO ALL THE TERMS OF CHAPTER 1414 OF THE SOUTH EUCLID CODIFIED ORDINANCE.

NOTARIZATION REQUIRED

SIGNATURE OF AFFIANT

SUBSCRIBED AND DULY SWORN BEFORE ME ACCORDING TO THE LAW, BY THE ABOVE NAMED APPLICANT THIS:

DAY OF , 20

IN THE CITY, VILLAGE, OR TOWNSHIP OF STATE

NOTARY PUBLIC