

FORM **RP-A** AFFIDAVIT FOR REMOVAL FROM RENTAL OCCUPANCY DESIGNATION

PRINT OR TYPE ALL FIELDS

DATE

Grid for date entry (MM / DD / YY)

NUMBER & STREET OF RENTAL PROPERTY

Grid for property number and street name

SUITE / FLOOR

Grid for suite or floor number

NAME OF OWNER / AGENT / OPERATOR OF RENTAL PROPERTY

Grid for owner name

ADDRESS – PO BOXES ARE NOT ACCEPTABLE

Grid for address

SUITE / FLOOR

Grid for suite or floor number

CITY

Grid for city name

STATE

Grid for state

ZIP CODE

Grid for zip code

TELEPHONE NUMBER

Grid for telephone number (XXX-XXX-XXXX)

EMAIL ADDRESS

Grid for email address

**REASON FOR REMOVAL**

- PROPERTY WAS TRANSFERRED AND RECORDED PRIOR TO JANUARY 1ST OF THIS YEAR.
- PROPERTY IS CURRENTLY AND HAS BEEN OWNER OCCUPIED SINCE JANUARY 1ST OF THIS YEAR.
- PROPERTY IS CURRENTLY AND HAS BEEN VACANT SINCE JANUARY 1ST OF THIS YEAR.
- OTHER:

Grid for other reason details

**NOTARIZATION REQUIRED**

I SOLEMNLY SWEAR OR AFFIRM THAT THE ANSWERS AND INFORMATION I HAVE PROVIDED IN THIS AFFIDAVIT ARE TRUE TO THE BEST OF MY KNOWLEDGE OR BELIEF. I FURTHER ACKNOWLEDGE THAT IF I KNOWINGLY PROVIDE FALSE INFORMATION IT MAY BE CONSIDERED FRAUD OR ANOTHER CRIME UNDER THE CODIFIED ORDINANCES OF THE CITY OF SOUTH EUCLID OR THE STATE OF OHIO REVISED CODE AND I MAY BE PROSECUTED FOR SUCH AND A CONVICTION COULD RESULT IN FINE, INPRISONMENT, OR BOTH.

SIGNATURE OF AFFIANT

Redacted signature area

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

Redacted notary public name