

Attn: Housing Enforcement

The City of Garfield Heights Building
Department
5407 Turney Road
Garfield Heights, OH 44125
Phone (216) 475-3835
Fax (216) 475-6081
Email: mleffel@garfieldhts.org



Date: ____/____/____

Property Information Form

Property Address: _____ **Parcel #:** ____-____-____

Name of Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Emergency Phone: () _____ Fax: () _____

Contact Name: _____ E-mail Address: _____

Servicing Company/Responsible Party Information:

Name of Local Servicing Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ E-mail Address: _____

Phone: () _____ Emergency Phone: () _____ Fax: () _____

Has the property been secured? Yes or No (please circle one) When? _____

Current Status of the Property: __ Occupied __ Vacant __ Eviction __ Unknown

If Eviction, Case # _____ Defendant Name: _____

Signature of Applicant: _____ Phone: () _____

Printed name of Applicant: _____

**** P.O. Boxes are not acceptable ****