



132 N. Elmwood Avenue, Medina, OH 44256
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www.medinaoh.org

Notification of Foreclosure Filing

Chapter 1380 of the Medina Codified Ordinances "Notification of Foreclosure Filing" requires a party who files a foreclosure action for any residential or commercial property located within the City of Medina to provide the City Building Department with a signed "Notification of the Foreclosure Filing."

The party is required to file a signed "Notification of Foreclosure Filing" along with a complete copy of the foreclosure complaint within thirty (30) days after the filing of the complaint with the Court. **The fee for a "Notification of Foreclosure Filing" is \$75.**

Whoever fails to file a complete copy of the "Notification of Foreclosure Filing," provide a complete copy of the foreclosure complaint, or fails to identify the person responsible for such property is guilty of a misdemeanor of the fourth degree.

Date: _____ Registration No.: _____

I. COURT INFORMATION

Court Case No: _____ Foreclosure File Date: _____ Is Structure Occupied: ___ YES ___ NO

Party/Company Filing Complaint: _____

Complainant Mailing Address: _____

Complainant Phone Number: _____ Complainant Email: _____

II. PROPERTY OWNER INFORMATION

Name: _____

Current Mailing Address: _____

Phone: _____ Email: _____

III. PROPERTY DESCRIPTION

Address of Property: _____, Medina, OH 44256

Parcel Number: _____

Type of Use: ___ Single Family ___ Condo ___ Two Family ___ Three Family ___ Commercial ___ Other

IV. INDIVIDUAL RESPONSIBLE FOR MAINTENANCE (Do not list Property Owner)**

Name: _____ Company: _____

Address: _____

Telephone: _____ Email: _____

**If the property subsequently becomes vacant or if the individual responsible for maintenance changes, the person who filed the foreclosure complaint shall notify the City of the name, address, telephone number and contact information for the person who will be responsible for maintaining the property.

V. VACANT BUILDING PLAN (Required)

I Hereby submit a plan of (Please Circle): Demolition / Secure Vacancy / Rehabilitation

ATTACH COMPLETE COPY OF FORECLOSURE COMPLAINT

I certify that the information given herein is true and complete to the best of my knowledge.

I understand that any false or misleading information may subject me to prosecution under Ohio Revised Code Section 2921.13.

***Signature**

Date

Print Name

*Company: _____

Mailing Address: _____

Phone: _____ Email: _____