## **NOTIFICATION OF FORECLOSURE FILING**

132 North Elmwood Avenue Phone: 330-722-9030 www.medinaoh.org oh.org

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	The City Of permits@medinaol
	Medina       Registration Number         Date of Application
INSTRUCTIONS	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. <b>The fee for a "Notification of Foreclosure Filing" is \$75.</b>
Z	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.
<b>COURT INFO</b>	Court Case No: Foreclosure File Date: Is structure occupied: Yes No
	Party/Company Filing Complaint:
	Complaint Mailing Address:
PROPERTY INFORMATION	Complaint Phone Number:Complaint Email:
	Property Owner Name
	Current Mailing Address:
	Phone: Email:
	Property Description
	Address of Property:, Medina, OH 44256
	Parcel Number:
	Individual Responsible For Maintenance **
	Name:Company:
	Address
	Phone 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 is responsible for maintaining the property. The City of Medina does not require de-registration of properties.
	Vacant Building Plan (Required)
	I Hereby submit a plan of: 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.
SIGNATURE	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:
	Address         City         State         Zip
	Phone: Email: