

City of Parma Heights Department of Public Service 6281 Pearl Road Parma Heights, Ohio 44130

Tel: 440-842-5043 Fax: 440-843-5818

CERTIFICATE				

FEE \$100.00\_\_\_\_

DATE\_\_\_\_\_

## **Rental Certificate Application**

Owner Name		
Home Phone	Cell no	Fax no
Owners Mailing Addre	ess	
Email address		
<b>Emergency contact nu</b>	mber (given to Fire and Pol	lice)
Federal Tax ID Numb	er	
Property Manager Nat (If applicable)	me	
<b>Property Manager Ad</b>	dress	
Date of Lease	Number of Occ	cupants
		nce 1394 of the Codified Ordinance of the City of said ordinance, and agree to comply fully.
Date	_	
Signature		
Print Name		

## Complete information on reverse side TENANT INFORMATION INSTRUCTIONS

Please complete the information called for below before returning the application of Certificate of Occupancy. This information is also used for tax purposes and is **MANDATORY**. The application will not be processed unless accompanied by this information. **Information must be supplied even if the tenants have not changed from previous registration**. When identifying heads of household and all other occupants, note both first and last names of each person. If the head of household is the legal guardian for any child listed, please indicate that relationship.

UNIT 1.	UNIT 2.
Address	Address_
Head of Household	Head of Household
Telephone No	Telephone No
Cell Number	Cell No
No of Persons Living in Unit	No. of Persons Living in Unit
Other Occupants (state age of minor children & relationship)	Other Occupants (state age of minor children & relationship)
1	1
2.	2
3.	3
4.	4
List any occupants over the age of 18	List any occupants over the age of 18
1	1
2	
3.	3.