



CITY OF CLAYTON, OHIO

ABANDONED RESIDENTIAL PROPERTY REGISTRATION FORM

REGISTRANT'S NAME AND ADDRESS

REGISTRANT'S PHONE _____

REGISTRANT'S E-MAIL _____

ADDRESS OF PROPERTY

LAST KNOWN OWNER(S) OF PROPERTY

DATE FORECLOSURE COMMENCED

DOCKET NUMBER OF FORECLOSURE ACTION

**DESCRIBE EXTERNAL CONDITION OF PROPERTY
AND ATTACH PHOTOGRAPHS**

IS THERE AN ACCESSIBLE STRUCTURE ON THE PROPERTY?

**NAME, ADDRESS AND PHONE NUMBER OF AGENT OR
SERVICING COMPANY RESPONSIBLE FOR REPAIRS
AND MAINTENANCE**

FOR USE BY CITY

FILING FEE: \$75.00 (WITHIN 5 WORKING DAYS OF INSPECTION)

ADDITIONAL LATE FEE: \$25.00 (IF FILED LATER THAN 5 WORKING DAYS OF INSPECTION)

DATE OF INSPECTION _____

FEE PAID \$ _____

DATE REGISTRATION FILED _____