



**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**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Vacant 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

Signature of Applicant: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Printed name of Applicant: \_\_\_\_\_

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