



-CONFIDENTIAL-

Buyers Application to Obtain Compliance Certificate

Date: ____ / ____ / ____

PROPERTY ADDRESS: _____

Single ___ Double ___ (Check one)

(INDIVIDUALS ONLY)

OWNER #1 INFORMATION (as will be titled on Deed) ** Please Print**

Name of Purchaser: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # (H) _____ (W) _____

E-Mail _____

D.O. B.: ____ / ____ / ____

OWNER #2 INFORMATION (as will be titled on Deed) **Please Print**

Name of Purchaser: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # (H) _____ (W) _____

E-Mail _____

D.O. B.: ____ / ____ / ____

***(FOR OUT OF STATE OWNERS)**

AGENT NAME: _____

ADDRESS: _____

Street (No PO Boxes)

City, St, Zip

Phone #: _____ E-Mail Address _____

D.O.B. ____ / ____ / ____

- The purpose of the inspection is to benefit the community at large and is not intended to protect the interests of any individual, owner, successor owner or occupant of the property. The City assumes no liability or responsibility for failure to report violations that may exist and does not warrant the repairs made pursuant to the inspection.



OCCUPANCY INFORMATION

I/We are purchasing the above property for:

_____ To Reside in / Occupy _____ For Rehab / Resale _____ To Rent**

Will owner occupy property? **Yes** **No** (Circle One)

Total Number of prospective occupants: _____

**** Rental registration and approval required prior to Occupancy**

Name(s) of Occupants:

Names/ages of children and/or occupants:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

By signing this I acknowledge seeing a copy of the Point of Sale violation report for the address of:

Garfield Heights, OH

#1 Buyer Signature: _____

#2 Buyer Signature: _____

Subscribed and sworn to me this _____ day of _____, 20__.

(Please print buyer(s) name(s) here from photo ID)

By: _____

By: _____

Notary Public: _____ my commission expires: _____

Proposed Transfer Date: ____/____/____