

BOND FORECLOSURE RELEASE OF BALANCE

Property Code Enforcement Division



Warren City Health District
258 East Market St.
Warren, Ohio 44481
330-841-2612

W-9 FORM MUST BE SUBMITTED WITH THE BOND FORECLOSURE RELEASE OF BALANCE

PROPERTY ADDRESS: _____

FORECLOSURE CASE NUMBER: _____

MORTGAGER: _____

DEFENDANT'S NAME: _____

BOND PAID BY CHECK # _____ CHECK DATED: _____

BOND SUBMITTED BY: _____

STATUS OF CASE: _____

NEW OWNER'S NAME: _____

NEW OWNER'S ADDRESS: _____

DATE OF TRANSFER: _____

BALANCE OF BOND TO BE RETURNED TO (NAME & ADDRESS): _____

TRANSFER OF OWNERSHIP: In the event that you decide to transfer the above-identified property by sale, gift, or otherwise (or any other property that has been issued a notice to make repairs or demolish a structure by the *City of Warren, Health Department* the transferee must **FIRST** sign an affidavit stating that they are aware that code violations have been found by the *City of Warren Health Department* and that they **ACCEPT FULL RESPONSIBILITY** for bringing the property into compliance or will face fines and possible criminal prosecution including jail time. Failure to adhere to the mandates of the *City of Warren Health Department* may result in civil or criminal liability to the transferrer.

APPLICANT SIGNATURE

PRINTED NAME

DATE

OFFICE USE ONLY

Parcel # _____

Date Request Received: _____

Balance Issued Date: _____

Check Number: _____