



Rental Department  
6281 Pearl Road  
Parma Heights, Ohio 44130  
Tel: 440-842-5043  
Fax: 440-843-5818

LICENSE NO \_\_\_\_\_  
FEE \_\_\_\_\_  
DATE \_\_\_\_\_

**Rental Certificate Application**  
**For Multi Unit Complexes**

**Owner (Management company name)**

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**Owner or Management Mailing Address** \_\_\_\_\_

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**Property Name** \_\_\_\_\_

**Building Address** \_\_\_\_\_

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**Number of Units** \_\_\_\_\_ **Number of Occupants** \_\_\_\_\_

**Office Manager** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Property Manager** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Office Fax no.** \_\_\_\_\_

**Email address** \_\_\_\_\_

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**Emergency contact number (given to Fire and Police)** \_\_\_\_\_

**Federal Tax ID Number** \_\_\_\_\_

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I do hereby acknowledge my responsibility under Chapter 711 of the Codified Ordinance of the City of Parma Heights. I also am fully aware of the requirements of said ordinance, and agree to comply fully.

**Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_