



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)

Owner or Management Mailing Address _____

Property Name _____

Building Address _____

Number of Units _____ **Number of Occupants** _____

Office Manager _____ **Phone** _____

Property Manager _____ **Phone** _____

Office Fax no. _____

Email address _____

Emergency contact number (given to Fire and Police) _____

Federal Tax ID Number _____

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 _____