



City of Parma Heights
 Rental Department
 6281 Pearl Road
 Parma Heights, OH 44130
 P: 440.842.0543, F: 440-843-5818

OFFICE USE ONLY
 Registration Fee \$100.00 _____
 Late Fee \$ 100.00 _____
 Date: _____

Condominium Rental Certificate Application

Rental Property Address: _____

Owner Name: _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

Owners Mailing Address: _____

Email address: _____

Emergency contact number (given to Fire and Police): (____) _____

Property Manager Name: _____
 (If applicable)

Property Manager Address: _____

Property Manager Contact Number: (____) _____

President of Association: _____ Contact Number: (____) _____

Date of Lease: _____ Number of Occupants: _____

Does the unit have an outdoor balcony or patio? (YES or NO): _____

Is there a garage or assigned parking space? (YES or NO): _____
 (If Yes, what is the number): _____

Checks are to be made payable to the City of Parma Heights and included with the completed application
 If paying on line by credit card, please use the link below. A service fee is charged for this transaction. You must include the printed payment receipt with the application.

<https://www.govpaynow.com/gps/user/cyg/plc/a0046z>

I do hereby acknowledge my responsibility under Ordinance 1394 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: _____

Must complete second page

TENANT INFORMATION INSTRUCTIONS

This information is also used for tax purposes and is **MANDATORY**. The application will not be processed unless accompanied by this information.

Information must be supplied even if the tenants have not changed from previous registration. When identifying heads of household and all other occupants, note both first and last names of each person. If the head of household is the legal guardian for any child listed, please indicate that relationship.

Address: _____

Head of Household: _____

Phone #: _____

Cell #: _____

Number of Persons Living in Unit: _____

Other Occupants
(state age of minor children & relationship)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

List Any Occupants over the age of 18

- 1. _____
- 2. _____
- 3. _____