RESIDENTIAL RENTAL PROPERTY REGISTRATION

EDWARD H. ZUPANCIC
LAKE COUNTY AUDITOR
105 Main Street
Painesville OH 44077

Office Phone: 440 350-2532
440 918-2532
440 428-4348

Office Fax: 440 350-2799

auditor@lakecountyohio.org
www.lakecountyohio.org/auditor

Owner/Officer/Agent Information

Owner Name: ____________________________ Work Phone: ____________________________
Address: ____________________________ Home Phone: ____________________________
City: ____________________________ State: ____________________________ Zip: ____________________________
Ownership Type: □ Individual □ Partnership □ Corporation □ Trust

Information must be submitted for every owner of these properties. If owned by a corporation, an officer must be listed.

Corp Officer Name: ____________________________ Work Phone: ____________________________
Address: ____________________________ State: ____________________________ Zip: ____________________________

An agent can be a person at least 18 years old, residing in or maintaining an office in Lake County or any county in Ohio.

Agent Name: ____________________________ Work Phone: ____________________________
Business Name: ____________________________ Phone: ____________________________
Address: ____________________________ State: ____________________________ Zip: ____________________________

Rental Properties owned in Lake County

1. Location Address: ____________________________
   City/Township/Village ____________________________
   Auditor Parcel Identification (PPN) ____________________________ Lot Number ____________________________
   Number of Habitable Buildings on Property ____________________________
   Number of Dwelling Units on the Property ____________________________ Year Built ____________________________

2. Location Address: ____________________________
   City/Township/Village ____________________________
   Auditor Parcel Identification (PPN) ____________________________ Lot Number ____________________________
   Number of Habitable Buildings on Property ____________________________
   Number of Dwelling Units on the Property ____________________________ Year Built ____________________________

3. Location Address: ____________________________
   City/Township/Village ____________________________
   Auditor Parcel Identification (PPN) ____________________________ Lot Number ____________________________
   Number of Habitable Buildings on Property ____________________________
   Number of Dwelling Units on the Property ____________________________ Year Built ____________________________

Owner/Applicant Signature ____________________________ Date ____________________________