



CITY OF HIGHLAND HEIGHTS NOTIFICATION OF FORECLOSURE FILING

Date: _____

1. Address of Property: _____ PPN: _____
Is this Property: _____ Single Family _____ Two Family _____ Three Family
 _____ Commercial _____ Other

2. Name of Current Property Owner: _____
Address: _____ Phone: _____
City/State/Zip: _____

3. Name of Party Filing Complaint for Foreclosure: _____
Address: _____ Phone: _____
City/State/Zip: _____ Contact Person: _____

4. Name of Party Responsible for Maintenance when Property is Vacant: _____
Address: _____ Phone: _____
City/State/Zip: _____ Contact Person: _____

5. Fees: In accordance with Section 1326.04 of the Codified Ordinances of the City of Highland Heights, a fee of \$75 is required to be submitted along with this notification. Please make check payable to:

The City of Highland Heights
5827 Highland Road
Highland Heights, OH 44143
Attention: Building Department

For Office Use Only: Date Paid: _____ Check No.: _____ Receipt No.: _____