BOND FORECLOSURE RELEASE OF BALANCE

CITY OF CANTON

MAYOR WILLIAM V SHERER II
Building Department
424 Market Ave N, 3rd Fl, Canton, OH 44702
Phone: 330-430-7800
Fax: 330-430-7848

PROPERTY ADDRESS: _____

TYPE OF PROPERTY: _____

NUMBER OF UNITS: _____ **PARCEL NO** _____

All fields must be filled in or reimbursement process will not move forward.

FORECLOSURE CASE NUMBER: _____ **FILING DATE:** _____

WERE MULTIPLE BOND PAYMENTS SUBMITTED? **YES** **NO**

PLEASE INDICATE CHECK DATE & NUMBER, AND BY WHOM THE CHECK WAS SUBMITTED SO THE CORRECT REIMBURSEMENT IS PROCESSED: _____

TRANSFER OF OWNERSHIP DATE: _____

NEW OWNER NAME(S): _____

ADDRESS (NO PO BOX): _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE: _____ **EMAIL:** _____

All fields must be filled in or reimbursement process will not move forward.

TRANSFER OF OWNERSHIP: In the event that you decide to transfer the above-identified property by sale, gift, or otherwise (or any other property that has been issued a notice to make repairs or demolish a structure by the City of Canton), the transferee must FIRST sign an affidavit stating that they are aware that code violations have been found by the City of Canton and that they ACCEPT FULL RESPONSIBILITY for bringing the property into compliance or will face fines and possible criminal prosecution including jail time. Failure to adhere to the mandates of The City of Canton's Codified Ordinance Part 13 may result in civil liability to the transferor.

_____ _____ _____

APPLICANT SIGNATURE - required **APPLICANT PRINTED NAME - required** **DATE**

OFFICE USE ONLY

Parcel #: _____ **Date Request Received:** _____

Balance Issued Date: _____ **Original Bond Check Number & Date:** _____