VILLAGE OF LISBON
NOTIFICATION OF FORECLOSURE FILINGS

PARCEL NUMBER:		
PROPERTY LOCATION ADDRESS:		
SECTION 1 PLAINTIFF IN THE FORECLOSURE ACTION		
Plaintiff Name:		
Owner/Agent Name:		
Plaintiff Address: (If out of state, complete section 2)		
City:	State:	ZIP Code:
Plaintiff Telephone Number:		
Plaintiff E-mail Address:		
Preferred Method of Contact: [ ] First Class Mail [ ] E-Mail		
SECTION 2 IF PLAINTIFF RESIDES OUTOF STATE, DIRECT CONTACT IN OHIO		
Contact Name:		
Contact Address:		
City:	State:	ZIP Code:
Contact Telephone Number:		
Contact E-mail Address:		
SECTION 3 PERSON, LOCAL PROPERTY MAINTENANCE COMPANY OR OTHER ENTITY SERVING AS THE PLAINTIFF'S CONTACT WITH THE MUNICIPALITY FOR ANY MATTERS CONCERNING THE RESIDENTIAL PROPERTY		
Person, Company, or Entity Name:		
Person, Company or Entity Address:		
City:	State:	ZIP Code:
Person, Company, or Entity Telephone Number:		
Person, Company, or Entity E-mail Address:		
Owner/ Agent Signature		Date

Registration Fee is Payable to *VILLAGE OF LISBON*

Please mail registration Form, payment, and a self addressed stamped envelope to:

Village of Lisbon
Attn: Zoning Clerk
203 N. Market Street
Lisbon, Ohio 44432

Village of Lisbon Ordinance No. 1930