



City of Garfield Heights
5407 Turney Road
Garfield Heights, Ohio 44125
Tel: 216-475-3835
Fax: 216-475-6081

Notification of Foreclosure Filing

Date of application: _____

Date of Filing: _____

Case Number: _____

Address of Property: _____

PPN: _____

Type of Property: Single Family Two Family Other: _____
(Circle one or describe)

Name of current property owner: _____

Address: _____

Phone: _____

City/State: _____

Zip: _____

Name of party filing complaint of foreclosure: _____

Address: _____

Phone: _____

City/State: _____

Zip: _____

Name of Law Firm handling foreclosure: _____

Attorney handling case file: _____

Address: _____

Phone: _____

City/State: _____

Zip: _____

Email: _____

If/when vacant, name of Party responsible for maintaining
Property: _____

Address: _____

Phone: _____

City/State: _____

Zip: _____

Please complete all information and return
Foreclosure filing fee: \$150.00 payable to:
City of Garfield Heights

Mail to:
City of Garfield Heights
Attn: Building Dept.
5407 Turney Road
Garfield Hts., OH 44125