

8500 Civic Center Boulevard, Mentor, Ohio 44060-2499 • (440) 255-1100 • www.cityofmentor.com

APPLICATION FOR RENTAL CERTIFICATE

PLEASE COMPLETE THE FOLLOWING INFORMATION:

CITY OF **MENTOR**

RENTAL ADDRESS:		NUMBER OF UNITS:	
PROPERTY OWNER IN	FORMATION:		
Name:			
Address:			
City, State, Zip:			
Phone Number:		Cell Phone Number:	
Fax:		E-mail Address:	
Your Name	Sig	nature	Date
Owner	Legal Agent	Real Estate or Management Company	
Address: City, State, Zip: (Area Code) Phone Nu	ımber:	Email Address:	

City of Mentor, Depar	rtment of Planning & Dev	listed below) with a check payable to: elopment, 8500 Civic Center Boulevard, Mentor, (
Condominium: \$50 Single Unit Fee: \$100 Duplex Fee: \$150 Triplex Fee: \$200 Re-inspection fee: \$2 0	0 *Note: Each re-insp *********	pox , mail the form back and DO NOT send a pay	
Fee Amount Paid			