

APPLICATION FOR RENTAL CERTIFICATE

PLEASE COMPLETE THE FOLLOWING INFORMATION: RENTAL ADDRESS: _____NUMBER OF UNITS: _____ PROPERTY OWNER INFORMATION: Address: City, State, Zip: Phone Number: _____ Cell Phone Number: _____ Fax: E-mail Address: _____ Your Name Signature Date Legal Agent Real Estate or Management Company Owner Contact Person (If different from above): Address: ____ City, State, Zip: (Area Code) Phone Number: Relationship to Owner: ************************************ Please return application and applicable fees (listed below) with a check payable to: City of Mentor, Department of Planning & Development, 8500 Civic Center Boulevard, Mentor, OH 44060 If this is a HUD Section 8 property, check this box ___, mail the form back and DO NOT send a payment Condo w/ HOA: \$50 Condo w/o HOA: \$100 Single Unit Fee: \$100 Duplex Fee: \$150 Triplex Fee: \$200 ******************************* FOR OFFICE USE ONLY Fee Amount Paid_____