



APPLICATION FOR RENTAL CERTIFICATE

PLEASE COMPLETE THE FOLLOWING INFORMATION

Rental Address: _____ Number of Units: _____

Property Owner Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Cellular Phone Number: _____ Fax _____

Print your Name Signature

Owner Legal Agent Real Estate or Management Company

The above signature is a request for inspection to issue the required Certificate

Contact Person (If different from above):

Name: _____

Address: _____

City, State, Zip: _____

(Area Code) Phone Number: _____

Relationship to Owner _____

Cellular Phone Number: _____ Fax _____

Please return application and applicable fees with a check payable to the City of Mentor

Single Unit Fee: \$100

Duplex Fee: \$150

Triplex Fee: \$200

Note: Each re-inspection will be charged at \$20.00 each occurrence

FOR OFFICE USE ONLY

Fee Amount Paid _____ Re-Inspection Charge _____ Date of Inspection _____

