



BOND FORECLOSURE RELEASE OF BALANCE

CITY OF CANTON

MAYOR WILLIAM J HEALY II

Fair Housing Dept
218 Cleveland Ave. S.W
Canton, Ohio 44702
Phone: 330-438-4133
Fax: 330-489-3368

PROPERTY ADDRESS: _____
TYPE OF PROPERTY: _____
NUMBER OF UNITS: _____

FORECLOSURE CASE NUMBER: _____ **FILING DATE:** _____

TRANSFER OF OWNER SHIP DATE: _____

NEW OWNER NAME(S): _____

ADDRESS (NO PO BOX): _____

CITY: _____ **STATE :** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

TRANSFER OF OWNERSHIP: In the event that you decide to transfer the above-identified property by sale, gift, or otherwise (or any other property that has been issued a notice to make repairs or demolish a structure by the City of Canton), the transferee must **FIRST** sign an affidavit stating that they are aware that code violations have been found by the City of Canton and that they **ACCEPT FULL RESPONSIBILITY** for bringing the property into compliance or will face fines and possible criminal prosecution including jail time. Failure to adhere to the mandates of The City of Canton's Codified Ordinance Part 13 may result in civil liability to the transferor

APPLICANT SIGNATURE

APPLICANT PRINTED NAME

DATE

OFFICE USE ONLY

Parcel # _____

Date Request Received: _____

Balance Issued Date: _____

Check Number: _____