



# BOND FORECLOSURE RELEASE OF BALANCE

## CITY OF CANTON

MAYOR THOMAS BERNABEI

Building Department

424 Market Ave N, 3rd Fl, Canton, OH 44702

Phone: 330-430-7800

Fax: 330-430-7848

PROPERTY ADDRESS: \_\_\_\_\_

TYPE OF PROPERTY: \_\_\_\_\_

NUMBER OF UNITS: \_\_\_\_\_ PARCEL NO \_\_\_\_\_

FORECLOSURE CASE NUMBER: \_\_\_\_\_ FILING DATE: \_\_\_\_\_

WERE MULTIPLE BOND PAYMENTS SUBMITTED? YES NO

PLEASE INDICATE CHECK DATE & NUMBER, AND BY WHOM THE CHECK WAS SUBMITTED  
SO THE CORRECT REIMBURSEMENT IS PROCESSED: \_\_\_\_\_

TRANSFER OF OWNERSHIP 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: \_\_\_\_\_ Original Bond Check Number & Date: \_\_\_\_\_