APPLICATION FOR THIRD PARTY NOTIFICATION PROGRAM FOR SENIOR CITIZENS AND/OR DEPENDENT ADULTS

Permanent Parcel Number:	
Owner Name(s):	
Property Address:	
City: Zi	ip:
Daytime Phone Number: ()	E-mail:
I,	
tax foreclosure or the sale of a delinquent tax ce	
Party to notify regarding unpaid or delinque	nt taxes:
Name/Organization:	
Address:	
City:	State: Zip:
Daytime phone number: {	E-mail:
Signature of Third Party:	Date:/
Please Mail or Bring in Person to: Cuyahoga County Treasury 2079 East Ninth Street Cleveland. Ohio 44115	

Phone: 216-443-7420 Fax: 216-443-7463 TDD: 800-750-0750