



**COMMUNITY DEVELOPMENT**

*Division of Code Compliance*

240 Columbus Avenue  
Sandusky, Ohio 44870  
419.627.5913  
www.cityofsandusky.com

**RESIDENTIAL VACANT & FORECLOSED PROPERTY BOND RELEASE FORM**

kkromer@ci.sandusky.oh.us

**OFFICE USE ONLY**

Date Request Received: \_\_\_\_\_

Balance Issued Date: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount to Release: \_\_\_\_\_

City Official Sign Off: \_\_\_\_\_

Date of City Sign Off: \_\_\_\_\_

**Account # - 894-0000-53000**

**Section 1 - PROPERTY INFORMATION:**

Address: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Type of property: Single-family  Duplex  Tri-plex  Multi-family (4+ Units)  Commercial  Rooming House

**Section 2 – MORTGAGEE / BANK / LENDER / SERVICER INFORMATION:**

Name of entity: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BOND RELEASE JUSTIFICATION (SELECT ONE)**

**Section 3 – SALE INFORMATION (IF APPLICABLE):**

New Owner's Name: \_\_\_\_\_

New Owner's Address: \_\_\_\_\_ Transfer Date: \_\_\_\_\_

New Owner Phone: \_\_\_\_\_

**Section 4 – FORECLOSURE DISMISSAL (IF APPLICABLE):**

Case Number: \_\_\_\_\_ Dismissal Date: \_\_\_\_\_

**Section 5 – SERVICER TRANSFER (IF APPLICABLE):**

Transfer Date: _____	New Servicer Name: _____
New Servicer Address: _____	
Contact Person Name: _____	Contact Person Phone: _____

**Section 6 – BOND INFORMATION:**

Bond Paid by Check #: _____	Date of Check: _____
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**Section 7 – BOND RELEASE INFORMATION:**

Payee Name: _____	
Payee Address: _____	
Contact Person for Payee Name: _____	Phone: _____

**CERTIFICATION**

*I certify that the information contained in this bond release form is true and accurate to the best of my knowledge.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Date