



**CLEVELAND HEIGHTS  
 DIVISION OF INSPECTIONAL SERVICES  
 40 SEVERANCE CIRCLE  
 CLEVELAND HEIGHTS, OHIO 44118  
 216-291-5900  
 216-291-4881 (FAX)**

**ACKNOWLEDGEMENT FORM**

The **purchaser(s)** of the property located at \_\_\_\_\_, Cleveland Heights, Ohio do hereby acknowledge receipt of a copy of the Certificate of Inspection issued by the Manager of the Division of Inspectional Services within one (1) year of the initial inspection.

I/We understand and acknowledge the following:

- This signed acknowledgement form must be deposited in escrow and a copy provided to the the Division of Inspectional Services as a condition of transfer of title.
- If all Class “A” violations listed on the Certificate of Inspection are not corrected prior to the transfer of title, an escrow account must be established and funds equal to 125% of the estimated cost of repairs must be deposited to pay for the cost to correct all remaining Class “A” violations.
- The purchaser is responsible for correcting all violations remaining at transfer of title within ninety (90) days, unless an extension of time is approved by the Division of Inspectional Services.
- The purpose of the inspection is to benefit the community at large and is not intended to protect the interests of any individual, owner, successor owner or occupant of the property. The City assumes no liability or responsibility for failure to report violations that may exist and does not warrant the repairs made pursuant to the inspection.

Name(s) \_\_\_\_\_

(Please print)

Present address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

Please note if this property will be owner-occupied:    Yes             No