



City of Lorain

BOND FORECLOSURE

RELEASE OF BALANCE

OFFICE USE ONLY
Date received _____
Check# _____
Date mailed _____

PROPERTY ADDRESS: _____

PPN (if no address): _____

FORECLOSURE CASE NUMBER: _____

MORTGAGER: _____

DEFENDANT'S NAME: _____

BOND PAID BY CHECK# _____ CHECK DATED: _____

STATUS OF CASE: _____

NEW OWNER'S NAME: _____

NEW OWNER'S ADDRESS: _____

DATE OF TRANSFER: _____

ADDITIONAL INFO _____

BALANCE OF BOND TO BE RETURNED TO (NAME & ADDRESS):

APPLICANT SIGNATURE _____

APPLICANT PRINTED NAME _____

DATE _____