



EXTENSION REQUEST

Housing Department
City of University Heights

Please Print

Inspector: _____

From: _____

Address: _____

Daytime Phone #: _____

An extension of time is requested to correct the following violation(s):

My reason for requiring an extension of time: _____

Proposed compliance date: _____
(month, day, year)

I understand that extensions are granted based upon progress made, and that all requests are subject to the Housing Director's approval.

Signature

Date

Mailing Address:

Housing Department
City of University Heights
2300 Warrensville Center Road
University Heights, Ohio 44118

Phone #:

(216) 932-7800

Fax #:

(216) 932-5239