

CITY OF STOW
**RESIDENTIAL PROPERTY DISCLOSURE FORM TO PURCHASERS, LESSEE, RENTER,
BORROWER, ASSIGNEE, EXCHANGE PARTNER, OR TRANSFEREE**

Pursuant to Sections 1313.02 and 1313.05 of the City of Stow Codified Ordinances:
TO BE COMPLETED BY THE OWNER (Please print)

Property Address:

Owners Name(s):

Date: _____, 20__.

PURPOSE OF DISCLOSURE FORM: This is a statement of the condition of the property and of information concerning the property actually known by the owner as required by Sections 1313.02 and 1313.05 of the City of Stow Codified Ordinances. This form is not intended as a substitute for the Residential Property Disclosure Form as required by Ohio Revised Code Section 5302.30 and Rule 1301:5-6-10 of the Ohio Administrative Code and must be completed in addition to and not in place of such form. Unless otherwise advised in writing by the owner, the owner, other than having lived at or owning the property, possesses no greater knowledge than that which could be obtained by a careful inspection of the property by a potential purchaser. THIS STATEMENT IS NOT A WARRANTY OF ANY KIND BY THE OWNER OR BY ANY AGENT OR SUBAGENT REPRESENTING THE OWNER OF THE PROPERTY. THIS STATEMENT IS NOT A SUBSTITUTE FOR ANY INSPECTIONS. POTENTIAL PURCHASERS ARE ENCOURAGED TO OBTAIN THEIR OWN PROFESSIONAL INSPECTION.

Owner's Statement: The representations contained on this form are made by the owner and are not the representations of the owner's agent or subagent. This form and the representations contained in it are provided by the owner exclusively to potential purchasers in a transfer made by the owner, and are not made to purchasers in any subsequent transfers. The information contained in this disclosure form does not limit the obligation of the owner to disclose an item of information that is required by any other statute or law to be disclosed in the transfer of residential real estate.

PRESENCE OF CONTAMINATION FROM CLANDESTINE DRUG LAB SITE:

Has the City of Stow Chief Building Official issued a Declaration of Public Health Nuisance Order, or is such an Order pending for the above listed property?

Yes No Unknown

Do you know of the current or previous presence of toxic or hazardous substances resulting from the unlawful manufacture or attempt to manufacture controlled substances?

Yes No Unknown

If "Yes," to either question, please describe and indicate any repairs, remediation, or mitigation of the property:

Repair, remediation, and mitigation (continued if needed):

SIGNATURES AND NOTARY ACKNOWLEDGMENT

Owner (Print Name)

Purchaser/Lessee/Renter/Assignee/Transferee/Other
(Print Name)

Owner (signature)

Purchaser/Lessee/Renter/Assignee/Transferee/Other
(Signature)

Date

Date

Notary Acknowledgment:

Sworn to and subscribed before me this _____ day of _____, 20_____.

NOTARY PUBLIC