



**KRISTEN M. SCALISE CPA, CFE**  
**Fiscal Officer**  
**County of Summit**

**EXCEPTION FORM**  
*Residential Rental Registration Exceptions*

Name of property owner: \_\_\_\_\_

Owner's mailing address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone number of contact person: \_\_\_\_\_

Street address of property(s): \_\_\_\_\_

List parcel number(s) of property: (attach sheet for multiple properties)

--	--	--	--	--

**Please check the box that applies to the status of your property:**

- Property was sold
- Owner is deceased or has long term health illness and has been vacant for 2 or more years
- Property has been damaged or destroyed by fire, condemnation proceeding, or other means
- Relatives live at property and no rent is being charged
- Owner lives at property and it is their primary residence
- List other reason why it may not qualify for the rental registration program:  
\_\_\_\_\_

**I declare under penalties of perjury that this statement is true, correct and complete.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner's Phone Number:** \_\_\_\_\_

Send completed forms to:

Summit County Fiscal Office  
Attn: Lillian Mitchell  
175 S. Main Street, Room 304  
Akron, Ohio 44308  
Phone: (330)643-8495 or toll free 1(888)388-5613  
Fax: (330)643-8278  
Email: [rentalreq@summitoh.net](mailto:rentalreq@summitoh.net)