

**City of Union**  
**118 North Main Street, Union, Ohio 45322**  
**937-836-8624 Fax 937-836-1240**

**TRANSFER OF RESPONSIBILITY AGREEMENT**

Associated with Pre-sale Inspection Certificate for #: \_\_\_\_\_ Date \_\_\_\_\_

Pertaining to address: \_\_\_\_\_

Premises

This Agreement, entered into by and between the City of Union, hereinafter "City" and: \_\_\_\_\_, hereinafter "Prospective Purchaser",

**WITNESSETH:**

Pursuant to Ordinance 1381 passed January 23, 2006 , and inconsideration of immediate occupancy or use of Premises reference above, Prospective Purchase, signatory below to this Agreement, herewith voluntarily and without any reservation agrees to assume responsibility for bringing the referenced Premises into conformance with minimum standards contained within the Fire Code, Zoning Code, Property Maintenance Codes and other ordinances of the City of Union wherever a property deficiency has been noted as "inadequate" on the attached Pre-sale Inspection form, incorporated herein and made a part of this Agreement.

Prospective Purchaser agrees to bring Premises into compliance by correcting violations noted on the attached Pre-sale Inspection form by \_\_\_\_\_. Prospective Purchaser acknowledges that failure to perform obligations assumed by entering into this Agreement will constitute a violation of either the Union Fire Code, Union Zoning Code or Union Property Maintenance Code and other ordinances of the City of Union, and will result in the City taking legal action to compel compliance.

Signature of Buyer	Date	Mailing Address of Buyer: _____ _____
Printed Name Above		_____
Signature of Seller	Date	To be occupied by buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No To be used as Rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No
Printed Name Above		

STATE OF OHIO  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date) by \_\_\_\_\_ (name of person acknowledged.)

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

SEAL

\_\_\_\_\_  
City of Union Building/Zoning Inspector