



# City of NAPOLEON, OHIO

255 WEST RIVERVIEW AVENUE, P.O. BOX 151  
NAPOLEON, OHIO 43545-0151  
(419) 592-4010  
FAX (419) 599-8393

590 Bonaparte Dr.

## Fax Transmission

Mayor  
Donald M. Stange

To: N. B. Patel

Members of Council  
Michael J. DeWit, President  
Terri A. Williams  
James Hershberger  
Travis B. Sheaffer  
Char Weber  
David F. Miller, Jr.  
Glenn A. Miller

Company: Holiday Inn Express

Fax Number: 232-6210

Number of Pages, Including This One: 1

From: Brent Damman

City Manager  
Dr. Jon A. Bisher

Date: 6-28-99 Time: 3:25 PM

Operator: \_\_\_\_\_

Finance Director  
Gregory J. Heath

### Comments:

Law Director  
David M. Grahn

Hello NB! Hope your having a good day  
Not to dampen your spirits but I have  
received complaints regarding weeds & tall  
grass on both sides of the Holiday Inn  
Express property. Could you please make  
arrangements to have them cut.

City Engineer  
Adam C. Hoff, P.E.

thank you  
Brent

Please call (419) 592-4010 if you have any trouble receiving this Transmission or you did not receive the number of pages shown above.

REQUEST TO HELP BEAUTIFY NAPOLEON, OHIO, BY REQUESTING  
CERTAIN AREAS TO BE MOWED OR CLEANED-UP

REQUESTING PARTIES NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS OF LOCATION OF PROPERTY TO BE MOWED OR CLEANED-UP:  
\_\_\_\_\_

NATURE OF REQUEST:

Weeds  
\_\_\_\_\_  
\_\_\_\_\_

PROPERTY OWNERS NAME: NB. Patel - \_\_\_\_\_

PROPERTY OWNERS ADDRESS: Holiday Inn Express  
\_\_\_\_\_  
\_\_\_\_\_

PROPERTY OWNERS PHONE NUMBER (IF KNOWN): \_\_\_\_\_

called left message 6-14-00 10:47 AM  
5 days to cut.

590 Donaparte Dr.



# City of NAPOLEON, OHIO

255 WEST RIVERVIEW AVENUE, P.O. BOX 151  
NAPOLEON, OHIO 43545-0151  
(419) 592-4010  
FAX (419) 599-8393

September 05, 2000

**Mayor**  
J. Andrew Small

Attn. Mr. N.B. Patel  
Holiday Inn Express  
840 N. Washington St.  
Van Wert, Ohio 45891

**Members of Council**  
Michael J. DeWit, President  
Terri A. Williams  
James Hershberger  
Travis B. Sheaffer  
Char Weber  
David F. Miller, Jr.  
Glenn A. Miller

Re. Tall weeds and vegetation east and west of Holiday Inn Express  
590 Bonaparte Dr. Napoleon, OH.

Dear Mr. Patel

## NOTICE

**City Manager**  
Dr. Jon A. Bisher

**Finance Director**  
Gregory J. Heath

**Law Director**  
David M. Grahm

**City Engineer**  
Adam C. Hoff, P.E.

Please be advised you are in violation of City Property Maintenance Code section 303.4 which prohibits the growth of weeds and vegetation higher than 10". You are hereby ordered to cut said within 10 days of receipt of this letter. In the event you do not comply with this order as specified, proceedings will be taken against you.

If you would have questions regarding this notice please call me at (419) 592-4010.

Sincerely

Brent N. Damman  
Zoning Administrator

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Attn: Manager  
 Holiday Inn Express  
 590 Bonaparte Drive  
 Napoleon, Ohio 43545

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Brenda Casnahan*  Agent  Address

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7002 0860 0003 9285 8648**

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Holiday Inn Express  
 Attn: Mr. N.B. Patel  
 740 N. Washington St.  
 Van Wert OH 45891*

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery *10/10/01*

C. Signature  
 X *Melinda Andrews*  Agent  Address

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

*Re: 590 Bonaparte*

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) **7000 1070 0007 2107 3085**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-095

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Attn: Mr. N.B. Patel  
 Holiday Inn Express  
 840 N. Washington St.  
 Van Wert, Ohio 45891

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Ronda Dell*  Agent  Address

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery *8/20/01*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7002 0860 0003 9285 8631**

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Attn: Mr. N.B. Patel  
 Hoilday Inn Express  
 840 N. Washinton St.  
 Van Wert, Oh 45891

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Address

B. Received by (Printed Name) *N.B. PATEL* C. Date of Delive *8/26/01*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandi  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7002 0860 0003 9285 7276**

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Mr. N.B. Patel  
 840 N. Washington St.  
 Van Wert, Oh 45891*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Address

B. Received by (Printed Name) *Melissa Hale* C. Date of Delive *6/24/03*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandi  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7002 0860 0003 9285 7320**

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2

**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT  
 (Domestic Mail Only; No Insurance Coverage Provided)**

**OFFICIAL USE**

Postage	\$ .37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$4.42</b>

Sent To *Mr. N.B. Patel*  
 Street, Apt. No.; or PO Box No. *840 N. Washington St*  
 City, State, ZIP+ 4 *Van Wert, Oh 45891*

PS Form 3800, April 2002 See Reverse for Instructions