



## PROPERTY OWNER TENANT REPORT

### COLUMBIA TOWNSHIP JEDZ TAX DEPARTMENT

5903 HAWTHORNE AVE

CINCINNATI, OH 45227

PHONE (513) 272-9954 FAX (513) 561-5748

EMAIL EHARBACK@FAIRFAXOH.ORG

PROPERTY OWNER'S NAME: \_\_\_\_\_ SSN OR FEIN: \_\_\_\_\_  
LOCAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
CORPORATE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
CONTACT PERSON'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
CONTACT PERSON'S TITLE: \_\_\_\_\_

PLEASE NOTIFY THIS OFFICE OF ANY CHANGE IN TENANCY WITHIN 10 DAYS OF THE CHANGE.  
(ADD OR DELETE LINES, AS NECESSARY)

I DO HEREBY CERTIFY THAT THE INFORMATION PROVIDED BELOW IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
NAME (PRINTED): \_\_\_\_\_ DATE: \_\_\_\_\_

TENANT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
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