

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 (ADD OR DELETE LINES, AS NECESSARY)	THE CHANGE.	
I DO HEREBY CERTIFY THAT THE INFO	DRMATION PROVIDED BELOW IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOW	VLEDGE.	
SIGNATURE:		TITLE:	
NAME (PRINTED):		DATE:	
TENANT NAME:	PHONE NUMBER:	EMAIL ADDRESS:	
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
MOVE IN DATE:			
MOVE OUT DATE:	FORWARDING ADDRESS:		
	CITY:	STATE:	ZIP CODE:
TENANT NAME:	PHONE NUMBER:	EMAIL ADDRESS:	
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
MOVE IN DATE:			
MOVE OUT DATE:	FORWARDING ADDRESS:		
	CITY:	STATE:	ZIP CODE:

TENANT NAME:	PHONE NUMBER:	EMAIL ADDF	RESS:	
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:	
MOVE IN DATE:				
MOVE OUT DATE:	FORWARDING ADDRESS:			
	CITY:	STATE:	ZIP CODE:	
TENANT NAME:	PHONE NUMBER:	EMAIL ADDF	RESS:	
STREET ADDRESS:			ZIP CODE:	
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MOVE OUT DATE:	FORWARDING ADDRESS:			
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MOVE OUT DATE:	FORWARDING ADDRESS:			
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TENANT NAME: STREET ADDRESS:			ZIP CODE:	
STREET ADDRESS:	CITY:		ZIP CODE:	

TENANT NAME:	PHONE NUMBER:	EMAIL ADDF	RESS:	
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:	
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TENANT NAME:	PHONE NUMBER:	EMAIL ADDF	RESS:	
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STREET ADDRESS:	CITY:		ZIP CODE:	

PHONE NUMBER:	EMAIL ADDRESS:
CITY:	STATE: ZIP CODE:
FORWARDING ADDRESS:	
CITY:	STATE: ZIP CODE:
PHONE NUMBER:	EMAIL ADDRESS:
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