

## **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<br>(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: |
|                                   |   |                |           |
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| MOVE OUT DATE:                    | FORWARDING ADDRESS:   |                |           |
|                                   | CITY:   | STATE:         | ZIP CODE: |
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| TENANT NAME:                    | PHONE NUMBER:       | EMAIL ADDF | RESS:     |  |
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| STREET ADDRESS:                 | CITY:               | STATE:     | ZIP CODE: |  |
| MOVE IN DATE:                   |                     |            |           |  |
| MOVE OUT DATE:                  | FORWARDING ADDRESS: |            |           |  |
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| STREET ADDRESS:                 |                     |            | ZIP CODE: |  |
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| MOVE OUT DATE:                  | FORWARDING ADDRESS: |            |           |  |
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| TENANT NAME:                    | PHONE NUMBER:       | EMAIL ADDF | RESS:     |  |
| TENANT NAME:<br>STREET ADDRESS: |                     |            | ZIP CODE: |  |
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| STREET ADDRESS:                 | CITY:               |            | ZIP CODE: |  |

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| TENANT NAME:<br>STREET ADDRESS: |                     |            | ZIP CODE: |  |
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| STREET ADDRESS:                 | CITY:               |            | ZIP CODE: |  |

| PHONE NUMBER:       | EMAIL ADDRESS:   |
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| FORWARDING ADDRESS: |  |
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