CITY OF PARMA

LANDLORD REPOR	TING TENANT REGISTRAT	ION FORM	
Α.	Ov	vner Information	
Full Name:			
	Last	First	M.I.
Duraina an Nama (If a	:		
Business Name (If d		Sabadula E 11020S	Other
FID/35N.	Form Filed: Schedule C		Other:
Mailing Address:			
Maining / Garcoo.	Street Address		Apartment/Unit #
	City	State	Zip Code
	2		
Phone:		Alternate Phone:	
Email Address:			
В.	Property Address(es) in Parma		
D.	Froperty	Audress(es) in Faima	
	nal space, you may use the ba	ack of form or submit alto	rnativo documento
	lai space, you may use me ba		mative documents
Rental Property:	Yes No If no, N	ature of Business :	
If Yes, continue to se			
,	-		
C. Tenant(s) occupying property eighteen (18) years of age or older			
Name / Business	SSN / FID Contact Nur	mber Move in date	Date Operations Began
For addition	nal space, you may use the ba	ack of form, or submit alte	rnative documents
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