CITY OF PARMA

LANDLORD REPORTING TENANT REGISTRATION FORM

A. Owner Information

Full Name: _____
Last *First* *M.I.*

Business Name (If different from above): _____

FID/SSN: _____ Form Filed: Schedule C Schedule E 11020S Other: _____

Mailing Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *Zip Code*

Phone: _____ Alternate Phone: _____

Email Address: _____

B. Property Address(es) In Parma

_____

_____

_____

_____

_____

For additional space, you may use the back of form, or submit alternative documents

Rental Property: Yes No If no, Nature of Business : _____

If Yes, continue to section C.

C. Tenant(s) occupying property eighteen (18) years of age or older

Name / Business	SSN / FID	Contact Number	Move in date / Date Operations Began

For additional space, you may use the back of form, or submit alternative documents

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email:taxoffice@cityofparma-oh.gov