



Columbia Township JEDZ Property Owner Questionnaire - Tenant Report



www.columbiatwp.org

www.fairfaxoh.org

Property Owner name: _____ SS# or FEIN: _____
Local Address: _____ City: _____ State: _____ Zip Code: _____
Corporate Address: _____ City: _____ State: _____ Zip Code: _____
Contact Person: _____ Phone number: () _____ - _____ Email: _____
Property Purchase date: ____/____/____

Notify this office of any change in tenancy within ten days of the change. If tenant is moving out, provide a forwarding address. If you have any questions we can be reached at 513-272-9954

Tenant Name: _____ Address: _____ Phone Number() _____ - _____
City: _____ State: _____ Zip Code: _____ Email: _____ Move out/Move in date: _____

Tenant Name: _____ Address: _____ Phone Number() _____ - _____
City: _____ State: _____ Zip Code: _____ Email: _____ Move out/Move in date: _____

Tenant Name: _____ Address: _____ Phone Number() _____ - _____
City: _____ State: _____ Zip Code: _____ Email: _____ Move out/Move in date: _____

Tenant Name: _____ Address: _____ Phone Number() _____ - _____
City: _____ State: _____ Zip Code: _____ Email: _____ Move out/Move in date: _____

Tenant Name: _____ Address: _____ Phone Number() _____ - _____
City: _____ State: _____ Zip Code: _____ Email: _____ Move out/Move in date: _____

Tenant Name: _____ Address: _____ Phone Number() _____ - _____
City: _____ State: _____ Zip Code: _____ Email: _____ Move out/Move in date: _____

Tenant Name: _____ Address: _____ Phone Number() _____ - _____
City: _____ State: _____ Zip Code: _____ Email: _____ Move out/Move in date: _____

Tenant Name: _____ Address: _____ Phone Number() _____ - _____
City: _____ State: _____ Zip Code: _____ Email: _____ Move out/Move in date: _____

Tenant Name: _____ Address: _____ Phone Number() _____ - _____
City: _____ State: _____ Zip Code: _____ Email: _____ Move out/Move in date: _____

I do hereby certify that to the best of my knowledge the above information is true, correct and complete.

Name (Print): _____ Title: _____

Signature: _____ Date: _____ - _____ - _____

