

Village of Fort Recovery Landlord Reporting

Total Tenant Listing

<u>Instructions:</u> This form must be completed by the owner of the rental properties at the request of the Tax Administrator and returned within thirty (30) days from the date of the request. If there are more properties than space allows, use additional copies of this form and attach together. A completed listing shall be remitted to the Village of Fort Recovery Income Tax Department at 201 S Main St PO Box 459, Fort Recovery, Ohio 45846 or hand delivered to the Village Offices

Owner	1. Owner Name(s) on the Title:
Information	2. Owner is an Individual Trust, LLC, Corporation or Partnership (Complete Line 3a)
Please complete this form. If title is held by a trust or business entity, enter the name of the entity on Line 1.	3a. Name(s) Trustee/CEO/Managing Partner 3. Owner Full Address: 4. Owner Phone: Owner Email: 5. Owner's Permission to publish & distribute contact information for rental requests: *Contact information includes: Owner Name & Owner Phone Number. A flyer will be available in our office for those seeking a vacant rental unit within the corporation limits of Fort Recovery. 6. Property Manager (if applicable): Phone: 7. Address:
Property #1	8. Address: 9. Tenant Name(s): 10. Beginning date of tenancy:/ End date of tenancy (if applicable):/
Property #2	11. Address:
Property #3	14. Address: 15. Tenant Name(s): 16. Beginning date of tenancy:/ End date of tenancy (if applicable):/
Property #4	17. Address:
Property #5	20. Address:
Property #6	23. Address:
Property #7	26. Address:



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Property #8	29. Address:	
	30. Tenant Name(s):	
	31. Beginning date of tenancy:/ End date of tenancy (if applicable):/	
Property #9	32. Address:	
	33. Tenant Name(s):	
	34. Beginning date of tenancy:/ End date of tenancy (if applicable):/	
Property #10	35. Address:	
	36. Tenant Name(s):	
	37. Beginning date of tenancy:/ End date of tenancy (if applicable):/	
Property #11	38. Address:	
	39. Tenant Name(s):	
	40. Beginning date of tenancy:/ End date of tenancy (if applicable):/	
Property #12	41. Address:	
	42. Tenant Name(s):	
	43. Beginning date of tenancy:/ End date of tenancy (if applicable):/	
Property #13	44. Address:	
	45. Tenant Name(s):	
	46. Beginning date of tenancy:/ End date of tenancy (if applicable):/	
Property #14	47. Address:	
	48. Tenant Name(s):	
	49. Beginning date of tenancy:/ End date of tenancy (if applicable):/	
Property #15	50. Address:	
	51. Tenant Name(s):	
	52. Beginning date of tenancy:/ End date of tenancy (if applicable):/	
Property #16	53. Address:	
	54. Tenant Name(s):	
	55. Beginning date of tenancy:/ End date of tenancy (if applicable):/	
Property #17	56. Address:	
	57. Tenant Name(s):	
	58. Beginning date of tenancy:/ End date of tenancy (if applicable):/	
Owner's Declaration: I understand this form is required by law and failure to comply is in violation of the Village of Fort Recovery Municipal Income Tax Ordinance No 2015-12. I declare under penalty of perjury under the laws of the Village of Fort Recovery that the foregoing information is true and correct to the best of my knowledge. Signature:		
J.B. Ideal C		