



PROPERTY OWNER TENANT REPORT

COLUMBIA TOWNSHIP JEDZ TAX DEPARTMENT
5903 HAWTHORNE AVE
CINCINNATI, OH 45227
PHONE: 513-272-9954, FAX: 513-561-5748
EMAIL: JBURANDT@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 THE CHANGE.
(ADD OR DELETE LINES, AS NECESSARY)**

I DO HEREBY CERTIFY THAT THE INFORMATION PROVIDED BELOW IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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: _____

TENANT NAME: _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

MOVE IN DATE: _____

MOVE OUT DATE: _____ FORWARDING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TENANT NAME: _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
MOVE IN DATE: _____
MOVE OUT DATE: _____ FORWARDING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

TENANT NAME: _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
MOVE IN DATE: _____
MOVE OUT DATE: _____ FORWARDING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

TENANT NAME: _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
MOVE IN DATE: _____
MOVE OUT DATE: _____ FORWARDING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

TENANT NAME: _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
MOVE IN DATE: _____
MOVE OUT DATE: _____ FORWARDING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

TENANT NAME: _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
MOVE IN DATE: _____
MOVE OUT DATE: _____ FORWARDING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

TENANT NAME: _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
MOVE IN DATE: _____
MOVE OUT DATE: _____ FORWARDING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

TENANT NAME: _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
MOVE IN DATE: _____
MOVE OUT DATE: _____ FORWARDING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

TENANT NAME: _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
MOVE IN DATE: _____
MOVE OUT DATE: _____ FORWARDING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

TENANT NAME: _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
MOVE IN DATE: _____
MOVE OUT DATE: _____ FORWARDING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

TENANT NAME: _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
MOVE IN DATE: _____
MOVE OUT DATE: _____ FORWARDING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

TENANT NAME: _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
MOVE IN DATE: _____
MOVE OUT DATE: _____ FORWARDING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

TENANT NAME: _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
MOVE IN DATE: _____
MOVE OUT DATE: _____ FORWARDING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
