

RENTAL OCCUPANCY LIST INSTRUCTIONS

Please complete the information required below before returning the list to the City of Brunswick Income Tax Department. When identifying the Lessee and all other occupants, note both first and last names, over 18, and social security number of each person. Please complete a section for each unit in your rental property. Photocopies of this form are acceptable if you own more than two (2) units.

Owner's name / Complex name: _____ Manager: _____ Phone number: _____

Lessee name: _____ Social Security #: _____ - _____ - _____ # of Persons Living in Unit _____

Address: _____ Suite #: _____

Date Moved In (MM/YY) ____ / ____ Date Moved Out (MM/YY) ____ / ____

Occupant name: _____ Over 18: ____ Social Security #: _____ - _____ - _____

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Address: _____ Suite #: _____

Date Moved In (MM/YY) ____ / ____ Date Moved Out (MM/YY) ____ / ____

Occupant name: _____ Over 18: ____ Social Security #: _____ - _____ - _____

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City of Brunswick
Department of Income Tax
4095 Center Road/PO Box 0816
Brunswick, OH 44212
(330)558-6815

CITY OF BRUNSWICK
4095 CENTER RD
BRUNSWICK OH 44212

GENERAL REMINDER TO ALL RENTAL PROPERTY OWNERS

In order to keep our records current, once again we ask that you submit a list of all your 2015 tenants. Please fill out the enclosed form or include a copy of your prepared spreadsheet including all the information.

Please provide the following information:

*First and last names, addresses, and social security numbers of all persons over the age of 18 who are residing, currently or formerly, in any unit

*Move in date

*Move out date

Please include your name or the name of the complex on the list. Please also provide the manager's name and phone number should we have any questions regarding this list of tenants.

Please submit the above information by

City of Brunswick
Income Tax Department