

# CITY OF MASSILLON, OHIO

## INCOME TAX DEPARTMENT

Phone:(330)830-1709 Fax:(330)830-2687

### MANDATORY RENTAL OCCUPANCY REPORT

In order to comply with the City of Massillon Ordinance 181 .18 Tenant Reports (a) (b) (c), this questionnaire must be kept current with all rental properties within the city limits. You have thirty days after a new tenant occupies or vacates the property to inform this office. Remember, **THIS REPORT IS MANDATORY**, and must be kept current on an ongoing basis.

PROPERTY OWNER: \_\_\_\_\_

PROPERTY OWNER ADDRESS: \_\_\_\_\_

Tenant Information:

NAME \_\_\_\_\_ SS# \_\_\_\_\_

SPOUSE \_\_\_\_\_ SS# \_\_\_\_\_

RENTAL ADDRESS \_\_\_\_\_

UNIT# \_\_\_\_\_ DATE OF OCCUPANCY \_\_\_\_\_ VACATING \_\_\_\_\_

Telephone# ( ) \_\_\_\_\_ Forwarding Address \_\_\_\_\_

NAME \_\_\_\_\_ SS# \_\_\_\_\_

SPOUSE \_\_\_\_\_ SS# \_\_\_\_\_

RENTAL ADDRESS \_\_\_\_\_

U N I T # DATE OF OCCUPANCY \_\_\_\_\_ VACATING \_\_\_\_\_

Telephone# ( ) \_\_\_\_\_ Forwarding Address \_\_\_\_\_

NAME \_\_\_\_\_ SS# \_\_\_\_\_

SPOUSE \_\_\_\_\_ SS# \_\_\_\_\_

RENTAL ADDRESS \_\_\_\_\_

UNIT# \_\_\_\_\_ DATE OF OCCUPANCY \_\_\_\_\_ VACATING \_\_\_\_\_

Telephone# ( ) \_\_\_\_\_ Forwarding Address \_\_\_\_\_

Please return to:

or  
Fax: (330) 830-2687

City of Massillon Income Tax Dept  
P O BOX 910  
Massillon OH 44648-0910