

LANDLORD TENANT LISTING

DATE: \_\_\_\_\_

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

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PLEASE LIST ALL RENTAL PROPERTIES (SINGLE & MULTI FAMILY) LOCATED IN MT. HEALTHY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TENANT NAME	DATE MOVED IN/OUT	ADDRESS & APT. #	PHONE #	EMPLOYER

PLEASE RETURN TO: *CITY OF MT. HEALTHY, TAX DEPT., 7700 PERRY ST., MT. HEALTHY, OHIO 45231*