



CITY OF NORWOOD
EARNINGS TAX DEPARTMENT
 4645 MONTGOMERY ROAD
 NORWOOD, OHIO 45212

TREASURER
JAMES L. BONSALE III
 513-458-4580
 513-458-4581 (FAX)

TAX COMMISSIONER
TIM WAGERS
 513-458-4590
 513-458-4581 (FAX)

RESIDENTIAL PROPERTY OWNER QUESTIONNAIRE

1. Name of Property Owner(s): _____
2. Mailing Address of Owner(s): _____
3. Business Name You Will File Under: _____
4. Telephone Number: (_____) _____ Cell Number (_____) _____
5. Social Security Number or Federal ID Number You Will File Under: _____
6. (Check One) Is This Property To Be Used As Rental? Yes No
 Is This Property To Be Refurbished and Sold? Yes No
 Is This Property Sold on a Land Contract?..... Yes No

If You Answered "No" To All Above, and the property is owner occupied please check:

If House is "Owner Occupied" Please List Below Names of All Persons Living in Your Household over 18 years of age: _____

7. Date You Purchased Property: _____ / _____ / _____ Date Began Renting: _____ / _____ / _____
8. If Property is Rental and/or on a Land Contract: Please List **First** and **Last Names** and Apartment Numbers of Tenants/Residents:

ADDRESS OF HOUSE/BUILDING 1: _____

(If you own more than one property attach additional sheet)

APT# _____ / TENANT NAME(S) _____ MOVE-IN DATE: _____ / _____ / _____
 APT# _____ / TENANT NAME(S) _____ MOVE-IN DATE: _____ / _____ / _____
 APT# _____ / TENANT NAME(S) _____ MOVE-IN DATE: _____ / _____ / _____
 APT# _____ / TENANT NAME(S) _____ MOVE-IN DATE: _____ / _____ / _____

ADDRESS OF HOUSE/BUILDING 2: _____

APT# _____ / TENANT NAME(S) _____ MOVE-IN DATE: _____ / _____ / _____
 APT# _____ / TENANT NAME(S) _____ MOVE-IN DATE: _____ / _____ / _____
 APT# _____ / TENANT NAME(S) _____ MOVE-IN DATE: _____ / _____ / _____
 APT# _____ / TENANT NAME(S) _____ MOVE-IN DATE: _____ / _____ / _____

(Continue on back or attach additional sheet for over 12 apartments)

SIGNATURE _____

TITLE _____ DATE _____