



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)

COMMERCIAL PROPERTY OWNER QUESTIONNAIRE

1. Name of Property Owner(s): _____
2. Mailing Address of Owner(s): _____
3. Business Name You Will File Under: _____
4. Federal ID Number or Social Security Number You Will File Under: _____
5. Name of Officer(s) if Corporation: _____
6. Type of Organization: Individual Partnership Corporation Non-Profit
7. Telephone Number: (_____) _____ Fax (_____) _____
8. Date of Property Purchase: _____ / _____ / _____ Date Began Leasing: _____ / _____ / _____
9. **PROPERTY 1 ADDRESS** (Norwood): _____

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

- a. Description of Property: _____
- b. Name(s) and Suite Numbers of Current Tenants: (Attach Additional Sheet as Needed)

Suite # _____ / _____	Suite # _____ / _____
Suite # _____ / _____	Suite # _____ / _____
Suite # _____ / _____	Suite # _____ / _____
Suite # _____ / _____	Suite # _____ / _____

PROPERTY 2 ADDRESS (Norwood): _____

- a. Description of Property: _____
- b. Name(s) and Suite Numbers of Current Tenants: (Attach Additional Sheet as Needed)

Suite # _____ / _____	Suite # _____ / _____
Suite # _____ / _____	Suite # _____ / _____
Suite # _____ / _____	Suite # _____ / _____
Suite # _____ / _____	Suite # _____ / _____

SIGNATURE _____

TITLE _____ DATE _____

To comply with the requirement to report tenants occupying rented/leased spaces, see Norwood Codified ordinance 182.23 (B)