

VILLAGE OF BELLAIRE
3197 BELMONT STREET | BELLAIRE, OH 43906
740-676-2710 FAX: 740-671-6055

LANDLORD / TENANT REGISTRATION

NAME OF RENTAL COMPLEX (if applicable): _____

TOTAL NUMBER OF UNITS: _____

NAME OF LANDLORD/LEASING COMPANY: _____

ADDRESS: _____

NAME OF CONTACT PERSON: _____ PHONE: _____

FID# (BUSINESS ENTITY OWNER) OR SS# FOR INDIVIDUAL LANDLORD: _____

PLEASE COMPLETE A SEPARATE ENTRY FOR EACH UNIT.

Address of Rental Unit: _____
Name of Tenant(s): _____ Phone: _____
Lease Origination Date: _____
If this is a reporting after lease termination, complete the following:
Termination Date of Lease: _____
Forwarding Address of Tenant: _____

Address of Rental Unit: _____
Name of Tenant(s): _____ Phone: _____
Lease Origination Date: _____
If this is a reporting after lease termination, complete the following:
Termination Date of Lease: _____
Forwarding Address of Tenant: _____

Address of Rental Unit: _____
Name of Tenant(s): _____ Phone: _____
Lease Origination Date: _____
If this is a reporting after lease termination, complete the following:
Termination Date of Lease: _____
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