



KRISTEN M. SCALISE CPA, CFE
Fiscal Officer
County of Summit

RESIDENTIAL RENTAL PROPERTY REGISTRATION

Owner/Contact Information

Owner/Contact Name (Note: Registered owner must reside in Ohio)

First Name

Middle Name

Last Name

Business Name

Address

Apt. #

City

State/Zip

Phone Number

Extension

***** **RENTAL PROPERTY INFORMATION** *****

Parcel #

Rental Property Address

Apt. #

City/State/Zip

of Units

*If necessary, please attach additional sheets of paper for multiple properties.

Send completed forms to:

Summit County Fiscal Office
Attn: Lillian Mitchell
175 S. Main Street, Room 304
Akron, Ohio 44308
Phone: (330)643-8495 or toll free 1(888)388-5613
Fax: (330)643-8278
Email: rentalreq@summitoh.net