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

RESIDENTIAL RENTAL PROPERTY REGISTRATION

Contact Information for Owner or Owner's Agent

Owner or Owner's Agent (Note: Any owner of residential rental property who resides outside of the State of Ohio shall designate a person who resides in the state to serve as the owner's agent. Please enter their contact information below.)

_____ _____ _____
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
175 S. Main Street, Room 301, Akron, Ohio 44308
Phone: (330)643-7561 or toll free 1(888)388-5613
Fax: (330)643-4586
Email: rentalreq@summitoh.net

ADDITIONAL RENTAL PROPERTY INFORMATION

_____ _____

Parcel # Rental Property Address

_____ _____ _____

Apt. # City/Zip Code # of Units

_____ _____

Parcel # Rental Property Address

_____ _____ _____

Apt. # City/Zip Code # of Units

_____ _____

Parcel # Rental Property Address

_____ _____ _____

Apt. # City/Zip Code # of Units

_____ _____

Parcel # Rental Property Address

_____ _____ _____

Apt. # City/Zip Code # of Units

_____ _____

Parcel # Rental Property Address

_____ _____ _____

Apt. # City/Zip Code # of Units

Please mail forms to:

Summit County Fiscal Office

175 S. Main Street, Room 301

Akron, OH 44308

Attn: Rental Registry