



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

EXCEPTION FORM
Residential Rental Registration Exceptions

Name of property owner: _____

Owner's mailing address: _____

City, State, Zip Code: _____

Telephone number of contact person: _____

Street address of property(s): _____

List parcel number(s) of property: (attach sheet for multiple properties)

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Please check the box that applies to the status of your property:

- Property was sold
- Owner is deceased or has long term health illness and has been vacant for 2 or more years
- Property has been damaged or destroyed by fire, condemnation proceeding, or other means
- Relatives live at property and no rent is being charged
- Owner lives at property and it is their primary residence
- Owner receives *Owner Occupancy Tax Reduction* on another property (please list address/parcel number of the other property): _____
- List other reason why it qualifies as a rental registry exception:

I declare under penalties of perjury that this statement is true, correct and complete.

Signature: _____ **Date:** _____

Owner's Phone Number: _____

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)643-8278
Email: rentalreq@summitoh.net

