

6701 GREENWICH ROAD
P. O. BOX 750
WESTFIELD CENTER, OH 44251
330-887-5151

## **TENANT OCCUPANCY REPORT**

ADDRESS OF PROPERTY:

PARCEL NUMBER: ZUNING DISTRICT:	
VILLAGE OF WESTFIELD CENTER ZONING ORDINANCE SECTION 1260.03:	
(a) (1) All property owners of rental or leased property who rent to tenants of residential premises, shall file a report with the Village of Westfield Center showing the names and addresses of each such tenant, 18 years or older, who occupies residential premises within the corporation limits of the Village of Westfield Center.	
(2) Within 30 days after a new tenant occupies residential rental property of any kind we the Village of Westfield Center, all property owners of rental or leased residential property we rent to tenants, shall file a report with the Village of Westfield Center showing the names and addresses of each such tenant, 18 years and older, who occupies residential premises within a corporation limits of the Village of Westfield Center.	vho d
(3) Within 30 days after a tenant(s) vacates a rental or leased residential property locate within the Village of Westfield Center, the property owner of such vacated rental or leased property shall file a report with the Village of Westfield Center showing the date of vacating from the rental or leased residential property and identifying each vacating tenant.	,
Failure to comply to report tenant occupancy will result in a violation of the Village of West Center Zoning Ordinance and will be subject to violation procedures and penalties set forth i Chapter 1260 of the Village of Westfield Center Zoning Ordinance.	field

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PROPERTY OWNER INFORMATION:	
NAME:	
MAILING ADDRESS:	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	
PROPERTY OWNER(S) SIGNATURE:	
DATE:	
TENANT INFORMATION:	
NAME:	
MAILING ADDRESS:	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	
NAMES OF OTHER MEMBERS LIVING IN THE HOUSEHOLD (18 YEARS & OLDER):	
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DATE TENANT(S) MOVED INTO PREMISES:	<del></del>
DATE TENANT(S) VACATED PREMISES:	

PROPERTY MANAGEMENT COMPANY (IF APPLICABLE):
NAME OF COMPANY:  ADDRESS:
TELEPHONE NUMBER:
AGENT/CONTACT NAME:
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Cc: Income Tax Department Form Created 2019