

**TENANT INFORMATION FORM**  
**Village of Middlefield, Ohio**  
**14860 North State Avenue**  
**Middlefield, Ohio 44062**

**Pursuant to Ordinance 16-117, Within 7 days of the commencement of any tenancy of each residential rental property in the Village, the owner thereof shall notify the Village Tax Administrator of the name, mailing address and all other contact information for each tenant of each such residential rental unit.**

**Property Address:** \_\_\_\_\_

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**Landlord Information:**

Property Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt. Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

*Contact Person (if property owned by company):* \_\_\_\_\_

*Contact Person Mailing Address:* \_\_\_\_\_

*City* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt. Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_*

*Email Address* \_\_\_\_\_

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**Tenant Information: (Please list everyone over the age of 18)**

Unit Number \_\_\_\_\_

Tenant Name: \_\_\_\_\_ State License/ID Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Move In Date: \_\_\_\_\_

Unit Number \_\_\_\_\_

Tenant Name: \_\_\_\_\_ State License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Move In Date: \_\_\_\_\_

Unit Number \_\_\_\_\_

Tenant Name: \_\_\_\_\_ State License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Move In Date: \_\_\_\_\_

Unit Number \_\_\_\_\_

Tenant Name: \_\_\_\_\_ State License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Move In Date: \_\_\_\_\_

Please submit a separate sheet with additional rental property information if applicable.