City of Fairfield

LANDLORD TENANT REPORT

Landlord Name: _____ Address:_____ Phone Number _____

Complete a form for each rental property located within the City of Fairfield and email, fax or remit to the address listed below within ***thirty (30) days*** of the tenant move in or out date. If tenant is moving out, provide a forwarding address when available.

Full Name of Tenant	Complete/Forwarding Address (including Apt #)	Date In	Date Out	Phone Number

If additional forms are needed, contact our office at the number listed below or visit our web site at www.fairfield-city.org.

INCOME TAX DIVISION
EMail - income.tax@fairfield-city.org
Fax - (513) 867-5333
701 Wessel Drive, Fairfield, Ohio 45014 513-867-5327