



City of Chardon

Chardon Municipal Center • 111 Water Street • Chardon, Ohio 44024-1201

www.chardon.cc

March 15, 2017

CITY COUNCIL

CITY MANAGER

440-286-2600

Fax: 440-286-2658

FINANCE

440-286-2470

Fax: 440-286-2658

Income Tax

440-286-2696

Fax: 440-279-0903

Water & Sewer Billing

440-286-2949

Fax: 440-286-2658

PARK & RECREATION

440-286-2630

Fax: 440-286-2658

POLICE

440-286-6123

Fax: 440-286-2680

PLANNING & ZONING

440-286-2654

Fax: 440-286-5541

PUBLIC SERVICE

440-286-2655

Fax: 440-286-5541

Division of Streets, Cemeteries & Parks

440-286-2656

Fax: 440-286-2681

Division of Water & Wastewater

440-286-2657

Fax: 440-286-7538

As owner or management agent for rental property located in the City of Chardon, you are required to comply with Section 152.23 of the Codified Ordinances of the City of Chardon. This section requires that you supply to the City's Tax Administrator a list containing the name and address of each person occupying, leasing, or renting your property. The required list shall be prepared and submitted as soon as possible. A "PROPERTY OWNERS REPORT OF TENANTS" form has been included for your convenience. If your tenant information is stored electronically, it is not necessary to use the City form. Simply provide a copy of your list which must include the move-in date and the social security number, if available, for each occupant.

As owner or management agent you are required to file with the Tax Administrator a report, within 30 days of occupancy, showing the name, social security number, move in date and address of each new tenant who occupies your rental property. In addition, within 30 days after a tenant vacates your property, you are required to file with the Tax Administrator a report showing the date your tenant moved out. Forms are available online at www.chardon.cc under Municipal Tax Information.

The information provided is used to send correspondence to your tenant(s) regarding the municipal income tax in the City of Chardon. It is important for the tenants to receive this information as soon as possible after they move in, so that they avoid penalties and interest for late filings.

Thank you for your attention to this matter. If you have any questions or believe you have received this letter in error, please contact me at (440) 286-2696.

Respectfully,

Barbara L. Raikes
Deputy Tax Administrator

Enclosure

PROPERTY OWNERS REPORT OF TENANTS

RETURN TO:

ATTN: BARBARA L. RAIKES
CITY OF CHARDON
FINANCE DEPARTMENT
111 WATER STREET
CHARDON, OH 44024

PERSON COMPLETING FORM

NAME _____
PHONE NO. _____

PROPERTY OWNER

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
FEDERAL I.D. / S.S. NO. _____

RENTAL PROPERTY ADDRESS

STREET NO. _____
ST. NAME _____

TENANT LIST

APARTMENT NUMBER	OCCUPANTS NAME(S)	MOVE-IN DATE	MOVE-OUT DATE	SOCIAL SECURITY NUMBER
_____	_____	_____	_____	- -
_____	_____	_____	_____	- -
_____	_____	_____	_____	- -
_____	_____	_____	_____	- -
_____	_____	_____	_____	- -
_____	_____	_____	_____	- -
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_____	_____	_____	_____	- -
_____	_____	_____	_____	- -
_____	_____	_____	_____	- -
_____	_____	_____	_____	- -

- PLEASE TYPE OR PRINT -

SIGNED _____ TITLE _____

THIS REPORT MUST BE FILED WITHIN 30 DAYS OF ANY CHANGE IN TENANT STATUS