



VILLAGE OF CEDARVILLE

P.O. Box 51, Cedarville, OH 45314 937-974-5946

LANDLORD REGISTRATION FORM

See ORC Title 53, Chapter 5321 for Landlord Tenant Law

For office use only
TOTAL OCCUPANTS AT THIS ADDRESS
ZONING DISTRICT
\$25 FEE RECEIVED
FAMILY MEMBER VERIFICATION

Property Information

Property Address		Unit #	Dwelling Type Choose One		Single Family	Apartment	Other (describe)		
Number of tenants	Number of bedrooms	Total square footage	Heat type Choose One			Gas	Electric	Other (describe)	
Current lease term		Start	Month	Day	Year	End	Month	Day	Year

Property Owner Information

Name						
Address		City		State	Zip Code	
Mailing Address	<input type="checkbox"/> Check if preferred for all correspondence			City	State	Zip Code
Home Phone		Cell Phone		Email		
Owner of property is: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual						

Business Name:

Partner/Corporate Officer Information

Name	Address	Contact Phone
Name	Address	Contact Phone
Name	Address	Contact Phone

Is an immediate member of owner's family living in this rental property? (Parent, child, sibling, spouse, grandparent, grandchild)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, immediate family member's name and relationship	Name	Relationship
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You must provide valid proof of relationship to immediate family member with this form

Property Manager/Authorized Agent Information

Name						
Address		City		State	Zip Code	
Mailing Address	<input type="checkbox"/> Check if preferred for all correspondence			City	State	Zip Code
Home Phone		Cell Phone		Email		

Please complete a separate form for each rental unit you own which is located in the Village of Cedarville. When submitting, each form must include a \$25 processing fee and (when applicable) verification of relationship to immediate family member living in the unit.

I declare that, to the best of my knowledge and belief, all information provided on this form is accurate and true.

Owner or Authorized Agent Signature	Printed Name	Date
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Please drop off completed form with payment and necessary documentation to 301 Palmer, Cedarville, OH or mail to P.O. Box 51, Cedarville, OH 45314

For questions regarding this form, please contact:
villageadministrator@cedarville.us or cedarvillevillage@cedarville.us