



NON-OWNER OCCUPIED STRUCTURES (RENTAL) REGISTRATION FORM

RENTAL PROPERTY INFORMATION

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PROPERTY TYPE: SINGLE FAMILY ☐ DUPLEX ☐ MULTI-FAMILY ☐ COMMERCIAL ☐

IS OWNER OCCUPYING PROPERTY? YES ☐ NO ☐

*IF YOU ARE REGISTERING MULTIPLE STRUCTURES, PLEASE USE ONE FORM FOR EACH STRUCTURE.

PROPERTY OWNER

NAME: _____ BUSINESS NAME (IF APPLICABLE): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ EMERGENCY PHONE: _____

EMAIL ADDRESS: _____

PERSON MAINTAINING PROPERTY

NAME: _____ BUSINESS NAME (IF APPLICABLE): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ EMERGENCY PHONE: _____

EMAIL ADDRESS: _____

RENTAL OCCUPANCY REPORT

IN CONFORMANCE WITH MASSILLON INCOME TAX CODIFIED ORDINANCE 181.18 TENANT REPORTS, THE TIMELY PROVIDING OF THE ATTACHED OCCUPANCY REPORT WILL CONSTITUTE PROPER FILING OF THE REQUIRED TENANT REPORT WITH THE CITY'S INCOME TAX ADMINISTRATOR. **PLEASE FILL OUT THE ATTACHED REPORT AND SUBMIT IT WITH THIS FORM (NOT TO THE INCOME TAX DEPARTMENT).**

NON-OWNER OCCUPIED (RENTAL) REGISTRATION FEES

SINGLE FAMILY STRUCTURES	DUPLEX, MULTI-FAMILY, AND COMMERCIAL STRUCTURES
\$50.00 PER STRUCTURE	\$50.00 PER STRUCTURE, PLUS \$30.00 EACH ADDITIONAL UNIT(S)

I agree that all standards set forth in Chapter 1331 of the Massillon City Codified Ordinances will be met.

OWNER SIGNATURE

DATE

**SUBMIT COMPLETED FORM AND PAYMENT (PAYABLE TO CITY OF MASSILLON) TO:
CODE ENFORCEMENT | 151 LINCOLN WAY EAST, MASSILLON, OH 44646 | PHONE: 330.809.0235**

FOR OFFICE USE ONLY	PARCEL NUMBER: _____	PAYMENT DATE: _____
PAYMENT METHOD: _____	CHECK NO.: _____	AMOUNT PAID: _____



Mandatory Rental Occupancy Report

In conformance with Massillon Income Tax Codified Ordinance 181.18 Tenant Reports (a) (b) (c), the timely providing of the attached occupancy report will constitute proper filing of the required Tenant Report with the City's Income Tax Administrator. This report must be kept current with all rental properties within the City of Massillon. You have 30 days after a new tenant occupies or vacates the property to inform the Income Tax Department. **This report is mandatory and must be kept up to date on an ongoing basis.**
Please use additional forms if necessary.

PROPERTY OWNER

Name _____ Business Name (If Applicable) _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Email _____

TENANT #1 INFORMATION

Name _____
Spouse (Other) _____
Rental Address _____
Unit # _____ Date of Occupancy _____ Vacating _____
Phone # _____ Email _____
Forwarding Address _____

TENANT #2 INFORMATION

Name _____
Spouse (Other) _____
Rental Address _____
Unit # _____ Date of Occupancy _____ Vacating _____
Phone # _____ Email _____
Forwarding Address _____

TENANT #3 INFORMATION

Name _____
Spouse (Other) _____
Rental Address _____
Unit # _____ Date of Occupancy _____ Vacating _____
Phone # _____ Email _____
Forwarding Address _____

Owner Signature

Date

FORM SUBMISSION/CHANGE OF STATUS

Submit this form or any change of occupancy status to:

City of Massillon Income Tax Department | P.O. Box 910 | Massillon, OH 44648-0910
Phone: 330.830.1709 | Fax: 330.830.1709 | Email: incometax@massillonohio.gov