



## RENTAL PROPERTY QUESTIONNAIRE

**Tipp City Tax Department  
260 S. Garber Dr.  
Tipp City, OH 45371-3116**

Name of property owner: \_\_\_\_\_

Address of property owner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security number(s): \_\_\_\_\_ & \_\_\_\_\_

Federal ID number (if Corp): \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Property information:

(Address of rental property)	(Date acquired)	(Date used as a rental)
(Address of rental property)	(Date acquired)	(Date used as a rental)
(Address of rental property)	(Date acquired)	(Date used as a rental)
(Address of rental property)	(Date acquired)	(Date used as a rental)
(Address of rental property)	(Date acquired)	(Date used as a rental)

\*\*Duplicate form or use reverse to list additional properties\*\*