



Residential Rental Property Registration

Franklin County Auditor

Parcel ID

_____ - _____

If the property contains more than one street address, enter both the first and last number.

If it involves 20 units or more, please only give the main address.

Street Number _____ through _____

Street Direction _____

Street Name _____

Street Suffix _____

Apartment / Suite Number _____

of living units on parcel _____

Owner Information

All property owners must provide contact name and information.

If owned by a business entity or the owner resides outside of Ohio, you must provide an Ohio contract and information

Owner / Contact Name _____

Business Name _____

Title _____ Owner, Manager, General Partner, Trustee, etc

Contact Address 1 _____

Contact Address 2 _____

City _____

State: Ohio Yes

Zip Code + 4 _____ - _____

Phone Number (____) _____ ext _____

Authorized Signature _____ Date _____

Mail completed form to:
Franklin County Auditor's Office
373 S High St, 20th floor
Columbus, Ohio 43215