



## 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