CITY OF ST. BERNARD TAX DEPARTMENT

110 Washington Avenue, St. Bernard, Ohio 45217

TENANT MOVED IN

For compliance with St. Bernard Code Section 181.14(A)
(Use separate sheet for each apartment, location, or unit)

OWNER INFORMATION

Owner Name: _____

PROPERTY INFORMATION - ST. BERNARD LOCATION

Tenant or Property Address: _____ Apt # _____

Date Tenant moved **IN** to this address: (MM/DD/YYYY) ____ / ____ / _____

TENANT INFORMATION:

Total number of persons who are (or will) live at this apartment, location, or unit. _____

Last Name	First Name	Telephone Information
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OWNER SIGNATURE

I certify that the information provided on the form is true and correct:

Owner Signature: _____ Date: _____

Email: tax@cityofstbernard.org
Website: www.cityofstbernard.org