

# CITY OF ST. BERNARD TAX DEPARTMENT

110 Washington Avenue, St. Bernard, Ohio 45217

## TENANT MOVED OUT

**For compliance with St. Bernard Code Section 181.14(B)**

*(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 **OUT** from this address: (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### TENANT MOVING OUT INFORMATION:

Last Name

First Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FORWARDING ADDRESS

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### OWNER SIGNATURE

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

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_