



LANDLORD REGISTRATION FORM - MUNICIPAL INCOME TAXES

PLEASE RETURN TO:
The Village of Grand Rapids
PO Box 309
Grand Rapids, OH 43522
(419) 832-5305

FULL NAME: _____ SS #: _____

Spouse: _____ SS #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Trade Name & Address (if applicable):

Tax ID #: _____

Date Rental Property Acquired: _____

Please list rental property addresses (Please list all apartment numbers etc., for each unit. Use back if necessary):

Signature: _____ Date: _____

For Office Use only: Date Received: _____ Filed _____ Forwarded _____