TENANT INFORMATION FORM (City of Akron, Ohio)

Building Name: **Address:**

Room/Suite No.	Business Name of Tenant (or renter name if individual)	Name of Contact Person	Daytime Phone Number
Signature of Building Manager:		Print Name & Date:	

Return Completed form to **Income Tax Division - 1 Cascade Plaza-11th Floor - Akron, OH 44308** or Fax to (330)375-2112

If more lines are needed, make copies of this form or download a PDF version from the Akron Tax Forms page @ www.ci.akron.oh.us/1040