

City of Brook Park, Ohio

City of Brook Park

Tax Department
6161 Engle Rd
Brook Park, OH 44142
Phone (216) 433-1533
TaxDepartment@CityofBrookPark.com

RE: NEW RESIDENT REGISTRATION FORM.

YOU ARE RECEIVING THIS FORM BECAUSE THE BROOK PARK TAX DEPARTMENT HAS RECEIVED INFORMATION FROM VARIOUS SOURCES THAT YOU CURRENTLY RESIDE WITHIN THE CITY OF BROOKPARK. YOU ARE REQUIRED TO COMPLETE AND RETURN THIS FORM TO THE TAX DEPARTMENT. ALL INDIVIDUALS OVER THE AGE OF 18 ARE REQUIRED TO FILE A MUNICIPAL TAX RETURN REGARDLESS IF THERE IS AN AMOUNT OWED.

● Names:

● _____ ● _____

Primary Social Security Number

Spouse's Social Security Number

● Primary First Name Middle Last Name _____

● Spouse First name Middle Last Name _____

● Primary date of birth: ____ / ____ / ____

● Spouse's date of birth: ____ / ____ / ____

● Valid Email Address _____

Current Residence Address Information:

● Street No. Street Name Apt. /Suite # PO Box _____

● Date you moved to this address: ____ / ____ / ____ Contact Phone No. (____ ____ ____)

● Do you own or rent your home? (Please check one) Own ____ Rent ____

● If renting please give the Landlord's name, address and phone number

Previous Residence Address Information:

Employment Information: (Check Yes or No, if retired please include date of retirement)

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● Are you retired and/or have no taxable income? Yes ___ No ___

● If yes, date you retired: ___/___/___

● Is your spouse retired and/or have no taxable income? Yes ___ No ___

● If yes, date your spouse retired: ___/___/___

● (Please list tenant's name, address and date you began renting property. If you have multiple properties, please supply additional information on back or a separate sheet of paper.) Tenant's First, Last Name and address: _____

_____ Date: ___ / ___ / ___