

**CITY OF NEW CARLISLE**  
331 S CHURCH STREET, PO BOX 419  
NEW CARLISLE, OH 45344-0419  
937-845-9492 FAX: 937-845-2338  
WWW.NEWCARLISLE.NET

**TENANT INFORMATION FORM**

Property Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner's Full Address: \_\_\_\_\_

\_\_\_\_\_

Property Owner Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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Tenant: \_\_\_\_\_ Employer: \_\_\_\_\_

Tenant: \_\_\_\_\_ Employer: \_\_\_\_\_

Tenant: \_\_\_\_\_ Employer: \_\_\_\_\_

Tenant: \_\_\_\_\_ Employer: \_\_\_\_\_

Primary Tenant: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_

**All persons, age eighteen and older, should be listed.**

You will want to make copies of this form for future use since it needs to be submitted each there is a change of tenants. Please mail or fax the completed form to the Tax Division within fifteen (15) days from a tenant's move in or move out date.

If you have any questions feel free to contact the New Carlisle Income Tax Division at 937-845-9492.