



**Residential Rental Property Registration
Franklin County Auditor**

Rental Exception Form

Parcel ID: _____

- *If the property contains more than one street address, enter both the first and last number.*

Street Number: _____ through _____ Street Direction: _____

Street Name: _____ Street Suffix: _____

Apartment/Suite Number: _____

- *Please indicate below the reason(s) the property in question does not qualify for either the Rental Registration program or the Owner Occupied tax reduction.*

- Secondary residence
- No rent is charged (e.g., Family member lives in home, parsonage)
- Property not titled in name of individual - does not qualify for owner occupied reduction (e.g., LLC/LP, business, bank-owned)
- Property is vacant (e.g., For sale, remodeling, foreclosure, storage/carriage house)

I DECLARE UNDER PENALTY OF PERJURY THAT THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE AND COMPLETE STATEMENT.

Signature: _____

Print name: _____

Phone number: _____ **Date:** _____

Mail completed form to:
**Franklin County Auditor's Office
Rental Registration
373 S. High St., 21st Floor
Columbus, OH 43215**
AuditorStinziano@franklincountyohio.gov