

# City of Fairfield



## LANDLORD TENANT REPORT

Landlord Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Complete a form for each rental property located within the City of Fairfield and remit to the address listed below within **thirty (30) days** of the tenant move in or out date. If tenant is moving out, provide a forwarding address when available.

<u>Full Name of Tenant</u>	<u>Complete/Forwarding Address (including Apt #)</u>	<u>Date In</u>	<u>Date Out</u>	<u>Phone Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If additional forms are needed, contact our office at the number listed below or visit our web site at [www.fairfield-city.org](http://www.fairfield-city.org).