INDIVIDUAL REGISTRATION

Please print legibly.

All information provided on this form is confidential and used for city income tax purposes only. This form may be returned to our office via Email, US mail, Fax, walk-in, or through our convenient drive-through. Please return within 15 days.
If you have any questions about this form, please contact our office. Thank you for your cooperation.

Name: _____

Social Security Number: _____

Delaware Address: _____

Mailing Address (if different): _____
If you are an OWU student and your permanent address is outside the City of Delaware, please list your permanent address on the "mailing address" line above.

Date you moved into the city: _____ Do you (check one) ☐ Own ☐ Rent ?
If you rent, please provide the name and address of your landlord: _____

_____

Daytime Phone #: _____ Alternate Phone #: _____

Email Address (if we may contact you by email): _____

If your **only** source of income is non-taxable as listed below, please indicate here by checking:

☐ Pension ☐ Social Security ☐ Interest and/or Dividends

☐ Active or Reserve Military Pay ☐ Permanent Disability

Below, please list all other occupants in your household over the age of 16. Use additional paper if necessary.

NAME	SS #	DATE OF BIRTH	RELATIONSHIP