

Signature: _____

City of Perrysburg Income Tax Division 201 West Indiana Avenue

Perrysburg, Ohio 43551
Phone: 419-872-8035
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DOMICILE EXEMPTION REQUEST FORM

Name:	Date:
SSN:	File #
Address:	
CHAPTER 890 Municipal Income Tax	
890.02 DEFINITIONS	
	er has his or her true, fixed, and permanent home, and to which, e intention of returning. A taxpayer may have more than one
I,	having read the above excerpt from the City of Perrysburg
income tax ordinance, am declaring my don	nicile to be:
street address	city, state and zip
I further declare that I am temporarily residir	ng in the City of Perrysburg at:
street address	city, state and zip
under the following circumstances:	·
If applicable, my employer is	and I perform work at the
following locationstreet address	city, state and zip
	essible of the following documents, at least two, to support my
Drivers license and vehicle regist	tration
Federal or state income tax return	n (front page)
Voter registration card	
Property tax bill for residence of	domicile
I DECLARE THIS STATEMENT TO BE TR NOTIFY THE INCOME TAX DIVISION OF	UE, CORRECT AND COMPLETE, AND WILL IMMEDIATELY ANY CHANGES OF MY DOMICLE.

Date