

- QUESTIONNAIRE -
Village of Archbold, Income Tax Dept.

Name _____

Address _____

Telephone No. _____

Employed at _____

Previous Address _____

Name of members of household employed, and where employed.

1. Name _____

Employed at _____

2. Name _____

Employed at _____

Owner:

Name _____

Address _____

Effective Date _____ Move in _____