

Tax year 2023 BOR no. 3402-0302 RECEIVED SEP 21 2023
 County HARRISON Date received Sept 21, 2023

Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before completing form.

Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use Form 2.

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1. Owner of property	<u>Raymond W. Martin</u>	<u>80033 Freepot Tippecanoe Rd 44699</u>	
2. Complainant if not owner		<u>2989 Heckman Rd Uniontown</u>	
3. Complainant's agent		<u>Ohio 44685</u>	
4. Telephone number and email address of contact person <u>Please email.</u>			
<u>330-606-2141 MRAY813@AOL.COM</u>			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill	Address of property		
	<u>80033 Freepot Tippecanoe Rd Tippecanoe, Ohio 44689</u>		
7. Principal use of property <u>Recreational Property</u>			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>300035</u>	<u>\$ 0.00</u>	<u>\$ 700</u>	<u>-\$ 700</u>
9. The requested change in value is justified for the following reasons: <u>When I bought it. The trailer is in class repair. This trailer was on the property I AM going to junk the trailer.</u>			

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale 2-12-2021
 and sale price \$ _____ ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date _____ and total cost \$ _____.

13. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.


- The property was sold in an arm's length transaction.
- The property lost value due to a casualty.
- A substantial improvement was added to the property.
- Occupancy change of at least 15% had a substantial economic impact on my property.

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

- The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 21 Sept 2023 Complainant or agent (printed) Raymond W. Marcal Title (if agent) _____

Complainant or agent (signature) 

Sworn to and signed in my presence, this 21st day of September 2023
(Date) (Month) (Year)

Notary 



Danielle Garrett
Notary Public, State of Ohio
My Commission Expires 02-06-2028

RECEIVED
HARRISON COUNTY
Rev. 12/22

Tax year 2023

BOR no. 3402-2303

County HARRISON

Date received 11-14-2023

NOV 14 2023

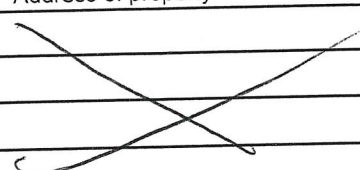
Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before completing form.
Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use DTE Form

ALLISON M. ANDERSON
AUDITOR

Original complaint Counter complaint
Notices will be sent only to those named below.

1. Owner of property		Name <u>Diana Evans</u>		Street address, City, State, ZIP code <u>34567 Beersville Ridge Rd. Cadi 2 OH 43907</u>	
2. Complainant if not owner					
3. Complainant's agent					
4. Telephone number and email address of contact person		<u>740-942-4106</u>		<u>dwebbe55@gmail.com</u>	
5. Complainant's relationship to property, if not owner		If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property			
<u>N/A</u>					
7. Principal use of property					
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.					
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value		
<u>29-0000747010</u>	<u>25,000</u>	<u>43,790</u>	<u>-18,790</u>		
9. The requested change in value is justified for the following reasons: <u>my dwelling only. see attached letter. The inside is not finished.</u>					

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____
and sale price \$ _____ ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date _____ and total cost \$ _____.

13. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

- The property was sold in an arm's length transaction.
- A substantial improvement was added to the property.
- The property lost value due to a casualty.
- Occupancy change of at least 15% had a substantial economic impact on my property.

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

- The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

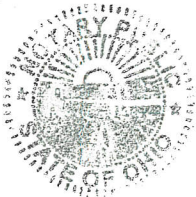
I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 11-14-23 Complainant or agent (printed) _____ Title (if agent) _____

Complainant or agent (signature) *Diana Cirano*

Sworn to and signed in my presence, this 14th day of November, 2023
(Date) (Month) (Year)

Notary *Leslie A. Milliken*



LESLIE A. MILLIKEN
Notary Public, State of Ohio
My Commission Expires 6.4.27



RECEIVED
HARRISON COUNTY

Tax year 2023

BOR no. 3401-2304

JAN 3 2024

DTE 2
Rev. 12/22

County HARRISON

Date received 1-3-2024

ALLISON M. ANDERSON
AUDITOR

Complaint Against the Assessment of Real Property Other than Market Value

Use this form to file board of revision complaints regarding assessment issues other than the market value of property. Complaints against market value should be filed on the DTE Form 1. Answer all questions and type or print all information. Read the instructions on the back before completing form. Attach additional pages as necessary.

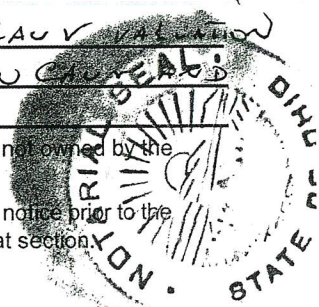
Original complaint Counter complaint

Notices will be sent only to those named below.

1) Owner of property		<u>Michael R Shepperon and Shipley</u>		29750 Patterson RD Dennison Ohio 44621	
2) Complainant if not owner					
3) Complainant's agent					
4) Telephone number of contact person		<u>330-204-3286</u>			
5) Email address of complainant		<u>Mike 2691111@gmail.com</u>			
6) Complainant's relationship to property, if not owner					
If more than one parcel number is included, see "Multiple Parcels" on back					
7) Parcel number from tax bill	# Acres, if applicable	Address of property			
<u>15-0000237.000</u>	<u>15.27</u>	<u>29750 Patterson RD Dennison Ohio 44621</u>			
<u>150000469.000</u>	<u>1</u>	<u>"</u>			
<u>15.0000471.000</u>	<u>1</u>	<u>"</u>			
<u>15-0000448.000</u>	<u>19.6</u>	<u>"</u>			
8) Indicate the reason for this complaint:					
<input type="checkbox"/> The classification of property under RC 5713.041. <input type="checkbox"/> The classification of property under RC 319.302. <input type="checkbox"/> The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35. <input type="checkbox"/> The valuation of property on the agricultural land tax list. <input type="checkbox"/> Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4). <input checked="" type="checkbox"/> Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351. <input type="checkbox"/> The denial of the partial exemption of a qualifying child care center under RC 323.16.					
9) If the complaint is seeking a change in the value of the property, complete line 9. Complainants appealing other issues do not need to complete this line.					
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value		

10) The requested change is justified for the following reasons: DO NOT RECEIVE THE CAUV APPLICATION NOT RETURNED IN ERROR. PLEASE PUT BACK ON CAUSEAL. REMOVE FEES PLEASE.

11) If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.
 The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.



I declare under penalty of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

Date 1-3-2024 Complainant or agent Michael R Shepperon Title (if agent) _____

3rd day of January year 2024

Sworn to and signed in my presence, this _____ day of _____ year _____
Notary John Sebach Signature

Continuation (Pg 2 BOR)

Parcel #	Michael Shepperson # ACRES	Pg 2 ADDRESS
15-0000473.000	1	29750 Patterson RD DENNISON OH. 44621
15-0000238.000	11.4	" "
15-0000470.000	1	" "
15-0000472.000	1	" "
15-0000944.000	53.66	" "
16-0000165.000	5.97	" "
		" "

Tax year 2023
 County HARRISON

BOR no. 3402-2305 RECEIVED
 Date received 1-9-2024 HARRISON COUNTY

DTE 1
 Rev. 12/22

Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before completing form.

Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use DTE Form 101.
 Original complaint Counter complaint
 Notices will be sent only to those named below.

JAN 9 2024
ALLISON M. ANDERSON
 AUDITOR

1. Owner of property		Name		Street address, City, State, ZIP code	
2. Complainant if not owner		Bayform Holdings LLC		PO Box 1387, Stebbenville OH 43952	
3. Complainant's agent					
4. Telephone number and email address of contact person					
740-491-1784 bfoot@live.com					
5. Complainant's relationship to property, if not owner					
If more than one parcel is included, see "Multiple Parcels" Instruction.					
6. Parcel numbers from tax bill			Address of property		
05-0002039.003			Industrial Park, Codiz, OH 43907		
05-0002039.007			Industrial Park, Codiz, OH 43907		
7. Principal use of property <u>Commercial</u>					
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.					
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value		
05-0002039.003		430			
05-0002039.007		1,61,9430			
9. The requested change in value is justified for the following reasons: <u>No comparables to justify the increase.</u>					

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____
 and sale price \$ _____ ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date n/a and total cost \$ _____.

13. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

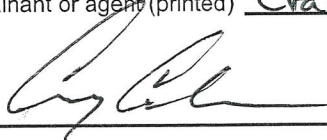
- The property was sold in an arm's length transaction.
- The property lost value due to a casualty.
- A substantial improvement was added to the property.
- Occupancy change of at least 15% had a substantial economic impact on my property.

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

- The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

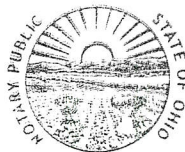
I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date Jan. 9, 2024 Complainant or agent (printed) Craig Cordeu Title (if agent) Owner

Complainant or agent (signature) 

Sworn to and signed in my presence, this 9 (Date) day of January (Month) 2024 (Year)

Notary 



ANNETTE MOORE
Notary Public
State of Ohio
My Comm. Expires
April 11, 2027



HARRISON COUNTY

tax year 2023

BOR no. 3402-2306

JAN 12 2024

County Harrison

Date received 1-12-2024

Complaint Against the Assessment of Real Property Other than Market Value

Use this form to file board of revision complaints regarding assessment issues other than the market value of property. Complaints against market value should be filed on the DTE Form 1. Answer all questions and type or print all information. Read the instructions on the back before completing form. Attach additional pages as necessary.

Original complaint Counter complaint

Notices will be sent only to those named below.

Form with fields for Name, Street address, ZIP code, Telephone number, Email address, Relationship to property, Parcel number, Acres, Address of property, and reasons for complaint.

10) The requested change is justified for the following reasons: My father (Wm Dudgeon) has Alzheimer's disease and didn't make me aware of the paperwork.

11) If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

I declare under penalty of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

Date 1-8-24 Complainant or agent Jill Roth Signature Title (if agent)

Sworn to and signed in my presence, this 9th day of February year 2024 Notary Scott Gerald Harmon Signature



RECEIVED
HARRISON COUNTY

JAN 12 2024

2023 - 2024
Tax year
County Harrison

BOR no. 3402-2307
Date received 1-12-2024

DTE 1
Rev. 12/22

Complaint Against the Valuation of Real Property

ALLISON W. ANDERSON
Auditor
This form is for full market value complaints only. All other complaints should use DTE Form 2

AUDITOR

Attach additional pages if necessary.

Original complaint Counter complaint
Notices will be sent only to those named below.

1. Owner of property		Name: JOSHUA CROFT		Street address, City, State, ZIP code: 226 W. SPRINGST CADIZ OH 43907	
2. Complainant if not owner		Name: BILLIE JO CROFT		Street address, City, State, ZIP code: 2249 SPRINGDALE HWY CADIZ OH 43907	
3. Complainant's agent					
4. Telephone number and email address of contact person 740-491-7982 jojacroft88@yahoo.com					
5. Complainant's relationship to property, if not owner OWNERS MOTHER					
If more than one parcel is included, see "Multiple Parcels" Instruction.					
6. Parcel numbers from tax bill			Address of property		
# 05-0165			226 W. SPRINGST CADIZ OH 43907		
7. Principal use of property HOME					
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.					
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value		
05-0165	3000.00	16,520	- 13,520		
9. The requested change in value is justified for the following reasons:					

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ _____ ; and attach information explained in "Instructions for Line 10" on back.
11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
12. If any improvements were completed in the last three years, show date _____ and total cost \$ _____.
13. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

- The property was sold in an arm's length transaction.
- The property lost value due to a casualty.
- A substantial improvement was added to the property.
- Occupancy change of at least 15% had a substantial economic impact on my property.

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

- The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 1/10/2024 Complainant or agent (printed) Billie Jo Croft Title (if agent) _____

Complainant or agent (signature) Billie Jo Croft

Sworn to and signed in my presence, this 10th day of January 2024
(Date) (Month) (Year)

Notary Elizabeth Kay Sedgmer



Elizabeth Kay Sedgmer
Notary Public, State of Ohio
My Commission Expires
September 29, 2024

RECEIVED
HARRISON COUNTY

JAN 16 2024

Tax year 2023 BOR no. 34-02
23-08
County Harrison Date received _____

DTE 1
Rev. 12/22

Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before completing form.
ALLISON M. ANDERSON
AUDITOR

AUDITOR

Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use DTE Form 2

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1. Owner of property	Johan Holmes	86279 Baker Ridge Rd Jewett	
2. Complainant if not owner	Christie Sproull		
3. Complainant's agent	Phone 740-449-4884	CSprout	
4. Telephone number and email address of contact person		CSprout123@gmail.com	
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property	
30-0000 366,500		86279 Baker Ridge Rd, Jewett	
7. Principal use of property <u>Home</u>			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
13-0118			
9. The requested change in value is justified for the following reasons: <u>This was in memo name Older Brother William McIntyre</u> <u>paid to have it tore down March 2023</u>			

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____
and sale price \$ N/A ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date N/A and total cost \$ N/A

13. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

- The property was sold in an arm's length transaction.
- The property lost value due to a casualty.
- A substantial improvement was added to the property.
- Occupancy change of at least 15% had a substantial economic impact on my property.

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

- The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

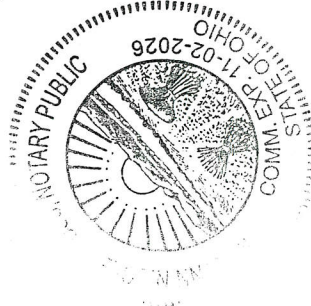
I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 1-16-24 Complainant or agent (printed) Christie Sproul Title (if agent) _____

Complainant or agent (signature) Christie Sproul

Sworn to and signed in my presence, this 16th day of January 2024
(Date) (Month) (Year)

Notary Katelyn Nicole Cross



Tax year 2023 BOR no. 34-02
23-09 DTE 1 Rev. 12/22
 County Harrison Date received _____

RECEIVED
 HARRISON COUNTY

Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before completing form.

Attach additional pages if necessary.

FEB 08 2024

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Original complaint Counter complaint

Notices will be sent only to those named below.

ALLISON M. ANDERSON

	Name	Street address, City, State, ZIP Code	
1. Owner of property	<i>Jim Borden</i>	<i>26485 Norris Rd Tippettville Mo</i>	
2. Complainant if not owner	<i>M. Madam Borden</i>	<i>646.99</i>	
3. Complainant's agent			
4. Telephone number and email address of contact person <i>740 658-3479</i>			
5. Complainant's relationship to property, if not owner If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property	
7. Principal use of property			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<i>30-0103</i>	<i>- 0 -</i>	<i>15,350</i>	<i>- 15,350</i>
9. The requested change in value is justified for the following reasons: <i>Not Livable - being torn down</i>			

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____
 and sale price \$ _____ ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date _____ and total cost \$ _____

13. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

- The property was sold in an arm's length transaction.
- The property lost value due to a casualty.
- A substantial improvement was added to the property.
- Occupancy change of at least 15% had a substantial economic impact on my property.

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

- The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 2-7-2024 Complainant or agent (printed) Jay Ballard Title (if agent) Sen

Complainant or agent (signature) Jay Ballard

Sworn to and signed in my presence, this 7th day of Feb 2024
(Date) (Month) (Year)

Notary Mary Jane Blake



Tax year 2023 BOR no. 34-02
23-10
 County Harrison Date received _____

DTE 1
Rev. 12/22

Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before completing form.

Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use DTE Form 2

Original complaint Counter complaint

Notices will be sent only to those named below.

Name		Street address, City, State, ZIP code	
1. Owner of property	<u>Edwin Jackson</u>	<u>621 Webb Ave Cadiz, OH 43907</u>	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person			
<u>740-827-7666 e.jackson91457@gmail.com</u>			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property	
7. Principal use of property			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>054000720000</u>	<u>20,000</u>	<u>47,600</u>	<u>-27600</u>
9. The requested change in value is justified for the following reasons:			
<u>No working kitchen or bath-room, house tore apart by last renter & his kid gang - paint on walls etc. House in process of remodeling - you need to come inside -</u>			

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ _____ ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date _____ and total cost \$ _____

13. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown **RECEIVED HARRISON COUNTY**

FEB 08 2024

ALLISON M. ANDERSON
AUDITOR

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

- The property was sold in an arm's length transaction.
- The property lost value due to a casualty.
- A substantial improvement was added to the property.
- Occupancy change of at least 15% had a substantial economic impact on my property.

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

- The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 2-6-24 Complainant or agent (printed) Edwin Jackson Title (if agent) owner

Complainant or agent (signature) [Signature]

Sworn to and signed in my presence, this 6th day of Feb 2024
(Date) (Month) (Year)

Notary [Signature]





Tax year 2023 BOR no. 23-11 RECEIVED HARRISON COUNTY Rev. 02/19
 County Harrison Date received FEB 08 2024

Complaint Against the Valuation of a Manufactured or Mobile Home Taxed Like Real Property

Answer all questions and type or print all information. Read instructions on back before completing form.

Attach additional pages if necessary.

Original complaint Counter complaint

Notices will be sent only to those named below.

ALLISON M. ANDERSON
AUDITOR

1. Owner of home		Chris Erickson		86260 Waterworks Rd, Hopeville Oh. 43971	
2. Complainant if not owner					
3. Complainant's agent					
4. Telephone number of contact person		740-457-7878			
5. Email address of complainant		cjerickson9@gmail.com			
6. Complainant's relationship to home, if not owner					
If more than one home is included, see "Multiple Homes" on back.					
7. Registration number from tax bill		Address of home			
unknown		86260 Waterworks Rd, Hopeville, Ohio 43976			
8. Principal use of home		Destroyed in 2009. No use after August of 2009			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.					
Registration Number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value		
unknown (25-0028)	\$0 (wordless)	0.	0		
10. The requested change in value is justified for the following reasons: The mobile home was 36 years old & the roof leaked & caved in when we sold the property to Jeremiah Yeager in 2009. Mr Yeager disposed of the mobile home.					

11. Was home sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ _____ ; and attach information explained in "Instructions for Line 11" on back.
12. If home was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
13. If any improvements were completed in the last three years, show date _____ and total cost \$ _____ .
14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown N/A
15. If you have filed a prior complaint on this home since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
- The home was sold in an arm's length transaction. The home lost value due to a casualty.
- A substantial improvement was added to the home. Occupancy change of at least 15% had a substantial economic impact on my property.



I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 1/15/24 Complainant or agent [Signature] Title (if agent) _____

Sworn to and signed in my presence, this and day of February year 2024

Notary [Signature] Signature

34-02
23-12

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HARRISON COUNTY
REV. 12/22

Tax year 2023 BOR no. 23-12
 County Harrison Date received FEB 08 2024

Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before completing form.
 Attach additional pages if necessary.

ALLISON M. ANDERSON
AUDITOR

This form is for full market value complaints only. All other complaints should use DTE Form 100.

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1. Owner of property	Thomas Shannon	1585 WALLACE CADIZ OH	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person			
740 942-8203			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property	
7. Principal use of property			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
29-0000213.000	10 000	31 120	-21 120
9. The requested change in value is justified for the following reasons:			
Value High			

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____
 and sale price \$ _____ ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date 2023 and total cost \$ _____.

13. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

- The property was sold in an arm's length transaction.
- The property lost value due to a casualty.
- A substantial improvement was added to the property.
- Occupancy change of at least 15% had a substantial economic impact on my property.

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

- The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

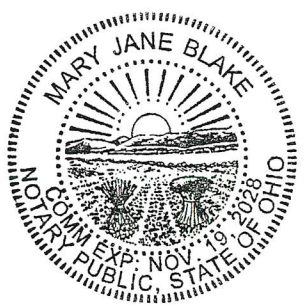
I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 2-6-2024 Complainant or agent (printed) Thomas Shannon Title (if agent) Owner

Complainant or agent (signature) [Signature]

Sworn to and signed in my presence, this 6th day of Feb 2024

Notary [Signature]



RECEIVED
HARRISON COUNTY

Tax year 2023
County Harrison

BOR no. 23-13 RECEIVED DTE 1 FEB 2/22
HARRISON COUNTY
Date received _____

FEB 5 2024

Complaint Against the Valuation of Real Property

FEB 08 2024

Answer all questions and type or print all information. Read instructions on back before completing form.

ALLISON M. ANDERSON
AUDITOR

Attach additional pages if necessary.

ALLISON M. ANDERSON
AUDITOR

This form is for full market value complaints only. All other complaints should use DTE Form 2

Original complaint Counter complaint

Notices will be sent only to those named below.

Name		Street address, City, State, ZIP code	
1. Owner of property		THOMAS L. & PAMELA J. SMITH 1528 ELMWOOD AVE., LAKEWOOD, OH 44007	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person (216) 521-2434 tsmith_1002@yahoo.com			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property	
290000494000		35430 JOHNSON HILL RD., CADIZ, OH 43907	
290000495000		" " " " " "	
7. Principal use of property SEASONAL 2ND. HOME			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value) (ASSESSED VALUE)	Column C Change in Value
290000494000		\$ 22,230	
290000495000	LESS THAN \$24,850	\$ 26,230	GREATER THAN \$1,380
9. The requested change in value is justified for the following reasons: PARCEL 290000494 HAS A HOUSE ON IT, IS 0.611 ACRES, AND IS NOW VALUED AT \$22,230. THE ADJOINING PARCEL 290000495 IS VACANT, IS 0.683 ACRES, AND IS VALUED AT \$26,230. EVEN USING THE EVALUATION RATE APPLIED TO THE -494 DEVELOPED PARCEL AGAIN ON THE -495 VACANT PARCEL SHOWS THAT THE VALUATION WOULD BE $(0.683/0.611) \times \$22,230 = \$24,850$			

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____

and sale price \$ _____ ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date _____ and total cost \$ _____

13. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown

I WAS TOLD DURING A CALL TO THE COUNTY AUDITOR'S OFFICE THAT PART OF THE VACANT WOULD BE VALUED AT A LOWER RATE THAN THE DEVELOPED PARCEL, MEANING THE VALUE SHOULD EVEN BE LOWER THAN \$24,850.

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

- The property was sold in an arm's length transaction.
- A substantial improvement was added to the property.
- The property lost value due to a casualty.
- Occupancy change of at least 15% had a substantial economic impact on my property.

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

- The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

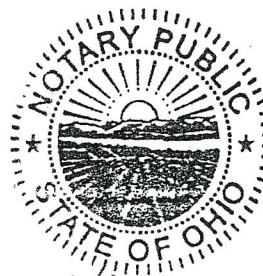
I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 2/1/2024 Complainant or agent (printed) THOMAS L. SMITH Title (if agent) _____

Complainant or agent (signature) Thomas L. Smith

Sworn to and signed in my presence, this 1st day of February 2024
(Date) (Month) (Year)

Notary Joseph Gilbert



Joseph Gilbert
Notary Public, State of Ohio
My Commission Expires
July 13, 2027

FOR PARCELS 290000494000 AND 290000495000.

Tax year 2023 BOR no. 3402
23-14
 County Harrison Date received _____

DTE 1
Rev. 12/22

Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before completing form.

Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use DTE Form 2

Original complaint Counter complaint
 Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code
1. Owner of property	Kerry + Allison Anderson	741035 Henry Road, CADIZ, OH 43907
2. Complainant if not owner		
3. Complainant's agent		
4. Telephone number and email address of contact person 740-491-0710		
5. Complainant's relationship to property, if not owner		
If more than one parcel is included, see "Multiple Parcels" Instruction.		
6. Parcel numbers from tax bill	Address of property	
05-0002216.001	Lot 11 Park Country Club Manor	
05-0002215.000	Lot 10 Country Club Manor	
7. Principal use of property <u>VACANT LOTS</u>		
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.		

Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
05-0002216.001	7,250	10,910	(3660)
05-0002215.000	14,500	21,810	(7310)

9. The requested change in value is justified for the following reasons:
 these lots were just sold in 2020 in an arm's length transaction for \$14,500 per lot. Then in 2023 they were sold for \$20,000 for both. They were purchased at this price because that is their perceived value.

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale 11/9/23
 and sale price \$ 20,000 ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date _____ and total cost \$ _____.

13. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

- The property was sold in an arm's length transaction.
- The property lost value due to a casualty.
- A substantial improvement was added to the property.
- Occupancy change of at least 15% had a substantial economic impact on my property.

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

- The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 2/16/2024 Complainant or agent (printed) Allison M. Anderson Title (if agent) _____

Complainant or agent (signature) Allison M. Anderson

Sworn to and signed in my presence, this 6th day of Feb 2024
(Date) (Month) (Year)

Notary M. J. Blake



Tax year 2023 BOR no. 3402 RECEIVED
 County HARRISON Date received 23/15 HARRISON COUNTY DEPT 1
 FEB 08 2024 R&V 12/22

Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before completing form.

Attach additional pages if necessary.

ALLISON M. ANDERSON

This form is for full market value complaints only. All other complaints should use DTE Form 127

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1. Owner of property	MARLON + DARLENE BEST	81451 UNIONVALE KENWOOD RD	
2. Complainant if not owner		CADIZ, OH. 43907	
3. Complainant's agent			
4. Telephone number and email address of contact person 740-491-2233			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property	
7. Principal use of property OPEN FIELD			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
130000683000	\$ 12,500	\$ 22,230	\$ 9,730
9. The requested change in value is justified for the following reasons: NO LONGER A RESIDENCE JUST OPEN FIELD + TREES			

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____
 and sale price \$ _____ ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date NONE and total cost \$ _____

13. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

- The property was sold in an arm's length transaction.
- A substantial improvement was added to the property.
- The property lost value due to a casualty.
- Occupancy change of at least 15% had a substantial economic impact on my property.

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

- The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 2/17/2024 Complainant or agent (printed) MARLON BEST Title (if agent) OWNER

Complainant or agent (signature) Marlon Best

Sworn to and signed in my presence, this 17th day of Feb 2024

Notary Mary Jane Blake



RECEIVED
HARRISON COUNTY

FEB 8 2024

Tax year 2023
County Harrison

3402 RECEIVED
HARRISON COUNTY
BOR no. 23-16
Date received FEB 08 2024

DTE 1
Rev. 12/22

Complaint Against the Valuation of Real Property
ALLISON M. ANDERSON
AUDITOR

Answer all questions and type or print all information. Read instructions on back before completing form.
Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use DTE Form 2

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1. Owner of property	<u>Harold S. Evans Carmela</u>	<u>321 Harrison Ave. (adj. Ohio 45907)</u>	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property	
7. Principal use of property			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>050002364000</u>			
9. The requested change in value is justified for the following reasons:			

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____
and sale price \$ _____ ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date _____ and total cost \$ _____.

13. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

- The property was sold in an arm's length transaction.
- The property lost value due to a casualty.
- A substantial improvement was added to the property.
- Occupancy change of at least 15% had a substantial economic impact on my property.

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

- The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date _____ Complainant or agent (printed) _____ Title (if agent) _____

Complainant or agent (signature) Camelot Evans Harold J. Evans

Sworn to and signed in my presence, this JAN 30 2024 30 day of JANUARY 2024
(Date) (Month) (Year)

Notary Brenda Carter
12/19/2025

RECEIVED
HARRISON COUNTY

FEB 8 2024

Tax year 2023 BOR no. 3402
23-17
County Harrison Date received _____

DTE 1
Rev. 12/22

Complaint Against the Valuation of Real Property
Answer all questions and type or print all information. Read instructions on back before completing form.
Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use DTE Form 2

Original complaint Counter complaint
Notices will be sent only to those named below.

1. Owner of property		Name <u>Doris J. Hoagland</u>		Street address, City, State, ZIP code <u>3555 Barber Hill Rd Tipp Oh</u>	
2. Complainant if not owner					
3. Complainant's agent					
4. Telephone number and email address of contact person <u>330-260-3116</u>					
5. Complainant's relationship to property, if not owner					
If more than one parcel is included, see "Multiple Parcels" Instruction.					
6. Parcel numbers from tax bill			Address of property		
<u>070000250090</u>			<u>31555 Barber Hill Rd Tipp Oh 44698</u>		
7. Principal use of property					
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.					
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value		
<u>070000250000</u>	<u>11,000</u>	<u>32,540</u>	<u>-21,540</u>		
9. The requested change in value is justified for the following reasons: <u>I Live in (I) cabin there is not 2, AND there ARE NO ADDONS.</u>					

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____
and sale price \$ _____ ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date _____ and total cost \$ _____.

13. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

- The property was sold in an arm's length transaction.
- The property lost value due to a casualty.
- A substantial improvement was added to the property.
- Occupancy change of at least 15% had a substantial economic impact on my property.

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

- The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 2-8-24 Complainant or agent (printed) DORIS J. HOAGLAND Title (if agent) OWNER

Complainant or agent (signature) *Doris J Hoagland*

Sworn to and signed in my presence, this 8th day of Feb 2024
(Date) (Month) (Year)

Notary *Mary Jane Blake*



RECEIVED
HARRISON COUNTY

FEB 08 2024

Tax year 2024

BOR no. 3402
23-18

DTE 2
Rev. 08/21

ALLISON M. ANDERSON
AUDITOR

Date received _____

Complaint Against the Assessment of Real Property Other than Market Value

Use this form to file board of revision complaints regarding assessment issues other than the market value of property. Complaints against market value should be filed on the DTE Form 1. Answer all questions and type or print all information. Read the instructions on the back before completing form. Attach additional pages as necessary.

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code
1) Owner of property	Vickie L. Coffland	47960 D. RESAAS Rd. Hopedale, Oh 43926
2) Complainant if not owner	---	
3) Complainant's agent	---	
4) Telephone number of contact person	740-491-0328	
5) Email address of complainant	vcoffland@yahoo.com	
6) Complainant's relationship to property, if not owner	---	

If more than one parcel number is included, see "Multiple Parcels" on back

7) Parcel number from tax bill	# Acres, if applicable	Address of property
110000176001	16.2592	47960 D. RESAAS Rd. Hopedale, Oh.
110000172004	6.785	" " " 43926

8) Indicate the reason for this complaint:

- The classification of property under RC 5713.041.
- The classification of property under RC 319.302.
- The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35.
- The valuation of property on the agricultural land tax list.
- Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4).
- Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351.
- The denial of the partial exemption of a qualifying child care center under RC 323.16.

9) If the complaint is seeking a change in the value of the property, complete line 9. Complainants appealing other issues do not need to complete this line.

Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
110000176001	Pole Barn 10x22 2310	Destroyed by wind	- 2310
"	Crib 2720	Being torn down/unstable	- 2720
110000172004	Pole Barn 8430	Built 1946 (new roof)	

10) The requested change is justified for the following reasons: 1) - was 3 sided over 15 feet - blew over by wind 20
2) pole barn 10x22 2) grain crib being dismantled due to unstable condition -
3) not new barn, just painted & new roof - built in 1946

I declare under penalty of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

Date 2-08-2024 Complainant or agent Vickie L. Coffland Title (if agent) _____

Sworn to and signed in my presence, this _____ day of Feb

Notary [Signature]
Signature



JAN 5 2024

Tax year 2023

BOR no. 3402
23-19

DTE 1
Rev. 12/22

County Harrison

Date received _____

ALLISON M. ANDERSON
AUDITOR **Complaint Against the Valuation of Real Property**

Answer all questions and type or print all information. Read instructions on back before completing form.
Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use DTE Form 2

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1. Owner of property	<u>Guy Brown</u>	<u>90835</u>	
2. Complainant if not owner		<u>Jewett Germano RD</u>	
3. Complainant's agent		<u>Jewett OH. 43986</u>	
4. Telephone number and email address of contact person	<u>740-946-7702 RE.</u> <u>PLEASE CALL BEFORE APPRAISAL</u>		
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill	Address of property		
7. Principal use of property			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>11-0000330-000</u>	<u>15,000</u>	<u>39,530</u>	<u>-24,530</u>
9. The requested change in value is justified for the following reasons: <u>NEEDS SIDING ON THREE SIDES OF THE HOUSE</u> <u>CONDITION OF HOUSE</u>			

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____
and sale price \$ _____ ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date _____ and total cost \$ _____.

13. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

- The property was sold in an arm's length transaction.
- A substantial improvement was added to the property.
- The property lost value due to a casualty.
- Occupancy change of at least 15% had a substantial economic impact on my property.

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

- The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 1-25-24 Complainant or agent (printed) GUY BLOK Title (if agent) _____

Complainant or agent (signature) *Guy Blok*

Sworn to and signed in my presence, this 25th day of JANUARY 2024
(Date) (Month) (Year)

Notary *MJB*



JAN 23 2024

Tax year 2023 BOR no. 3401 23-20
County Harrison Date received _____

ALLISON M. ANDERSON
AUDITOR

Complaint Against the Assessment of Real Property Other than Market Value

Use this form to file board of revision complaints regarding assessment issues other than the market value of property. Complaints against market value should be filed on the DTE Form 1. Answer all questions and type or print all information. Read the instructions on the back before completing form. Attach additional pages as necessary.

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1) Owner of property	Todd ARMSTRONG	90415 YAGER RD	
2) Complainant if not owner		DENNISON OH 44621	
3) Complainant's agent			
4) Telephone number of contact person	330-340-7304		
5) Email address of complainant			
6) Complainant's relationship to property, if not owner			
If more than one parcel number is included, see "Multiple Parcels" on back			
7) Parcel number from tax bill	# Acres, if applicable	Address of property	
15-0000922.004	66.225		
8) Indicate the reason for this complaint:			
<input type="checkbox"/> The classification of property under RC 5713.041.			
<input type="checkbox"/> The classification of property under RC 319.302.			
<input type="checkbox"/> The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35.			
<input type="checkbox"/> The valuation of property on the agricultural land tax list.			
<input type="checkbox"/> Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4).			
<input checked="" type="checkbox"/> Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351.			
<input type="checkbox"/> The denial of the partial exemption of a qualifying child care center under RC 323.16.			
9) If the complaint is seeking a change in the value of the property, complete line 9. Complainants appealing other issues do not need to complete this line.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
15-0000922.004	13530	60390	

10) The requested change is justified for the following reasons: CARING FOR FATHER AND FORGOT TO RETURN FORM

11) If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.
 The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

I declare under penalty of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct, and complete.
Date 1-23-24 Complainant or agent Todd Armstrong Title (if agent) _____
Sworn to and signed in my presence, this 23rd day of January
Notary Maureen Blakely Signature

