### ALLISON M. ANDERSON AOTIQUA

Tax year <u>0025</u> BOR no. 3402-0302 HARRISTY COUNTY						
County HARRISON Date received SEPT 21, 2023						
Complaint Against the Valuation of Real Property Completed Answer all questions and type or print all information. Read instructions on back before completing form.  Attach additional pages if necessary.						
This form i	s for ful	II market value compl Original c	aints only. All other omplaint  Counte sent only to those nar	complaints should use [Creative of the complaint of the complaints of the	ALISENTM. ANDERSON AUDITOR	
14 14 14 14 14 14 14 14 14 14 14 14 14 1		Na	me	Street address, 0	City, State, ZIP code	
1. Owner of property		Raymond W.	MARTIN	80033 Freeport Tippe	CANDE, R1 44699	
2. Complainant if not owne	r			2989 Hectman	RJ UNION TOWN	
3. Complainant's agent					Onio 44685	
4. Telephone number and 6	email ad	dress of contact perso 6 - 2141	n Please email. MRAY813	QAOL. con		
5. Complainant's relationsh	nip to pro	operty, if not owner				
	If mo	ore than one parcel is	included, see "Multi	ple Parcels" Instruction.		
6. Parcel numbers from tax	k bill			Address of property		
			800 33 Tippe	carre Rd Tipp	CCANOC Chio 47689	
					,	
7. Principal use of property	Ke	cerational Prop	erty			
8. The increase or decreas	e in mar	ket value sought. Cour	ter-complaints support	ting auditor's value may ha	ve -0- in Column C.	
Parcel number	C	Column A omplainant's Opinior (Full Market Val		Column B Current Value (Full Market Value)	Column C Change in Value	
300035	\$	7 0,00		# 700	-\$ 700	
	-	3 3 3				
9. The requested change in value is justified for the following reasons: This tracks was on the property when I brought it. The trailer is in dissipping I Am going to Jonk the tracks.						
10. Was property sold with	nin the la	ast three years?  \[ Years \]	es 🗌 No 🔲 Unkno	own If yes, show date of s	ale 2-12-2021	
and sale price \$		; and attach info	ormation explained in "	Instructions for Line 10" or	n back.	
11. If property was not sold	but was	s listed for sale in the las	t three years, attach a	copy of listing agreement or	other available evidence.	
12. If any improvements w	vere con	npleted in the last three	e years, show date	and to	tal cost \$	
13. Do you intend to prese				r?   Yes   No   U		

14. If you have filed a prior complaint on this parcel since the last for the valuation change requested must be one of those below. I section 5715.19(A)(2) for a complete explanation.	reappraisal or update of property values in the county, the reason Please check all that apply and explain on attached sheet. See R.C.
☐ 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 complainant, R.C. 5715.19(A)(8) requires this section to be comp	is an original complaint with respect to property not owned by the pleted.
	R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the
knowledge and belief is true, correct and complete.	any attachments) has been examined by me and to the best of my
Date 21 Sept 2023 Complainant or agent (printed)  Complainant or agent (signature)	
Sworn to and signed in my presence, this 215+ (Date)	day of September 2023 (Month) (Year)
Notary MULL GALLEY	Danielle Garrett  Notary Public, State of Ohio  My Commission Expires 02-06-2028

	Tax year <u>202</u> County <u>HARR</u>	<u>З</u> в	OR no. <u>3402-3,303</u> ate received <u>//-/4-2</u> ,23	RECEIVED HARRISON CONJUNTY Rev. 12/22  3 NOV 1 2023  y completing form.			
Cor Answer all questions This form is fo	s and type or print all info Attach add r full market value compla ☐ Original co	he Valuation ormation. Read instaitional pages if necessimts only. All other omplaint  Sent only to those na	r complaints should use to er complaints should use to er complaint amed below.	ALLISON M. ANDERSON TE Form AUDITOR			
	Nan		Street address, 0	City, State, ZIP code			
1. Owner of property	Diana	Buans	54345 OH 43	907			
2. Complainant if not owner							
3. Complainant's agent		6115	1/10/				
Complainant's agent     Telephone number and ema	ail address of contact persor	740-941 Juebbes	50 ymail.com	1			
5 Complainant's relationship t	to property, if flot owner						
l	f more than one parcel is	included, see "Mul		ŧ			
6. Parcel numbers from tax bil			Address of property				
	11/1						
200	11/17			-			
7. Principal use of property				O in Column C			
8. The increase or decrease in	n market value sought. Cour	nter-complaints supp	orting auditor's value may ha				
Parcel number	Column A Complainant's Opinio (Full Market Va	n of Value lue)	Column B Current Value (Full Market Value)	Column C Change in Value			
29-0000742010	25,000		43,790	-18 790			
27-1100 1760	9.01		- / ·				
9. The requested change in see attached	**	-					
	; and attach in	formation explained	in "Instructions for Line 10"	on back.			
11. If property was not sold b	ut was listed for sale in the la	ast three years, attach	a copy of listing agreement	or other available evidence.			
	ere completed in the last thre	ee years, show date	and	total cost \$			
13 Do you intend to preser	nt the testimony or report of	a protessional appra	alsel. I les A les I	J			

14. If you have filed a prior complaint on this parcel since the last for the valuation change requested must be one of those below. P section 5715.19(A)(2) for a complete explanation.	reappraisal or update of property values in the county, the reason Please check all that apply and explain on attached sheet. See R.C.
☐ 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 complainant, R.C. 5715.19(A)(8) requires this section to be comp	oleted.
☐ The complainant has complied with the requirements of R adoption of the resolution required by division (A)(6)(b) of	R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the that section as required by division (A)(7) of that section.
I declare under penalties of perjury that this complaint (including knowledge and belief is true, correct and complete.	any attachments) has been examined by me and to the best of my
Date 11-14.23 Complainant or agent (printed)	Title (if agent)
Complainant or agent (signature)	Man A
Sworn to and signed in my presence, this	day of November, 2023 (Month) (Year)
Notary Ceslie A. Millian	
LESTLIE A. MILLIKEN  Approximate of Ohio  Approximate of Expires 6.4.2	7

# RECEIVED



Department of					HARRI	ISON COO	1.0 * 0
Taxation		1012	34r	1. 2	304 11	N 3 2024	DTE 2 Rev. 12/22
	Tax year	<u> </u>	BOR no. 340	1-9		III OF COLI	Nev. 12/22
	,	tarrison	Date received _		ALLISOI	N M. ANDE	ERSON
Complaint Ad	ainst th	e Assessment	of Real Pro	nerty	Other than	AMBITOR V	/alue
Jse this form to file boa	rd of revision	complaints regarding as	ssessment issues	other tha	an the market value	of property. Co	omplaints
ainst market value sho	uld be filed o	n the DTE Form 1. Answ	wer all questions a	ind type	or print all informati	on. Read the ir	nstructions
	on the ba	ack before completing for					
		Original comp Notices will be sent	The second secon				
		Name	torry to those har		Street address, Cit	ty State ZIP c	ode
Owner of property	1		erson au Shi		29750 Patte		***************************************
Complainant if not own	er //	rendel & Supp	eron an 200	100	2713	W DIO RIO	440
Complainant's agent	J1						
Telephone number of co	ontact nersor	330-204-	3286	<u> </u>			
Email address of comp		Mike 2691111 @ C					
Complainant's relations				<u></u>			
Complainant's relations		n one parcel number is	s included see "	Multiple	Parcels" on back		
Parcel number from tax	***************************************	# Acres, if applicable		ess of pr			
-0000 237.000	. Oili	15.27			tenson 20 De	annesan d	n. 2 4462
50000 fb9.1000		13.21	121.	J+ ( C.	1	20101 3010 01	
0000471.000			1		1'		
-0000 948.000		19.6			•1		
ndicate the reason for	this complain						
☐ The classification of	the Committee of the Co						
☐ The classification of							
		filed under RC 5713.32 o	r the conversion of	CAUV p	roperty under RC 57	13.35.	
		agricultural land tax list.	All/ program to ro	main idla	under DC 5713 30/	۸۱/۸۱	
		e exists for land on the Co se exists for the failure to fi					
		on of a qualifying child c					
		in the value of the proper	1			her issues do n	ot need to
complete this line.	ng a onango	in the value of the proper	19, 001111111111111111111111111111111111		zamen sppesmig		
		Column A	1. 1.		umn B	Column	
Parcel number	Com	plainant's Opinion of ' (Full Market Value)			ent Value erket Value)	Change in	Value
	T	(Full Market value)		i uli ivia	Tket value)		
	-						
MAKANANGAN PANANGAN BANGAN PANANGAN PAN							
1) The requested change	a is justified f	or the following reasons:	DO NOT	700	LIEVE THE	CAUV	VALLATION
		TOKNED IN C			EPOT BACK	<b>公司的</b>	
Remove fee		e456					Saul Min.
		uthority and the complain	nt is an original co	molaint v	with respect to prop	erty not owned	by the
		equires this section to be		inpianit i	That toop doct to prop	N N	= (8/10)
☐ The complainant h	as complied v	with the requirements of F	R.C. section 5715.	19(A)(6)(	(b) and (7) and provi	ided notice prior	r to the ///:
adoption of the re-	solution requ	ired by division (A)(6)(b)	of that section as	required	by division (A)(7) o	of that section.	0 111
							N. 87
			2			100	*
declare under penalty of	perjury that	this complaint (including	any attachments)	has beer	n examined by me a	and to the best of	of my knowl-
lge and belief is true, co Date <u>/ - 3 - スヮネ</u>			/ Mesos	us	Title (if agent)		
Jale / J AUA	Compla	manicor agent	Signature	~ 1		~ ~	2011
Sworn to and signed in-	my precence	this	day	of ()	nuary	vear 20	124

COUTIN vation (Pg2 BOR) Michael Shepperson PARCE ( & 15-0000473,000 ADDress 29750 Paterson RD JENNISON 15-0000 238,000 11.4 44621 15-0000 470,000 15-0000 472.000 10 15-0000 944,000 53.66 16-0000 165.000 5.97

1 t

	Tax year <u>202</u>	3 RISON	BOR no	o. 3402-2305 Deceived 1-9-3438	RECEIVED DTE 1 Rev. 12/22		
County Date received Farmanders of Real Property 0 2024  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 of the farmanders of the complaint Counter complaint Notices will be sent only to those named below.  Attach additional pages if necessary.  Counter complaint Counter complaint AUDITOR							
		me	Harrieu I		ity, State, ZIP code		
Owner of property	Bayform Hold	inns LLC	Pr	1 BOX 1387, Ste	GEREP HO SHIVNED		
Complainant if not owner	Day or with	3		-			
Complainant's agent		AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.					
4. Telephone number and email		on od @live.com	U				
5. Complainant's relationship to							
lf.	more than one parcel is	included, see "N	lultiple F	Parcels" Instruction.			
6. Parcel numbers from tax bill				Address of property	- 2 - 2		
05-0002039.003		NAME AND ADDRESS OF THE OWNER, WHEN PERSON O	the second second second second	K, Codiz, OH 4			
DE-UNO 3039.007		Industrial Park, Codiz, DH 43900					
7. Principal use of property							
8. The increase or decrease in r	narket value sought. Cour	nter-complaints sur	porting a	auditor's value may hav	e -0- in Column C.		
Parcel number		Column			Column C Change in Value		
05-000 2039.03			4	130			
100, PEOG 000-20			1,61,	0430			
9. The requested change in value is justified for the following reasons:  No comparables to justify the increase.							
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 Vunknown							

14. If you have filed a prior complaint on this parcel since the last for the valuation change requested must be one of those below. F section $5715.19(A)(2)$ for a complete explanation.	reappraisal or update of property values in the county, the reason Please check all that apply and explain on attached sheet. See R.C.
☐ 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 complainant, R.C. 5715.19(A)(8) requires this section to be comp	is an original complaint with respect to property not owned by the leted.
☐ The complainant has complied with the requirements of R adoption of the resolution required by division (A)(6)(b) of	t.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the that section as required by division (A)(7) of that section.
I declare under penalties of perjury that this complaint (including knowledge and belief is true, correct and complete.	any attachments) has been examined by me and to the best of my
Date Jan. 9 2024 Complainant or agent (printed) C	vaig Corde Title (if agent) <u>Owner</u>
Complainant or agent (signature)	
Sworn to and signed in my presence, this	day of January 2024  (Month) (Year)  ANNETTE MOORE Notary Public
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	State of Ohio My Comm. Expires April 11, 2027

PRICEPPED TAXABLE COUNTY HARRISON COUNTY	2023	BOR no. 3402-23 06
JAN <b>12</b> 2024 <sup>County</sup> —	Harn'son	Date received

DTE 2 Rev. 12/22

Complaint Against the Assessment of Real Property Other than Market Value All 1500m to file board of revision complaints regarding assessment issues other than the market value of property. Complaints against markat all 1800m to file board of revision complaints regarding assessment issues other than the market value of property. Complaints against markat all 1800m to file board 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.

Triginal complaint Counter complaint

		Notices will be sent only to tho	se nam	ed below.		
	Name			Street address, City, State, ZIP code		
1) Owner of property	14	Mm Dudgeon		3132 He	ightSLN5E	
2) Complainant if not owner		7		0 , , ,		
3) Complainant's agent						
4) Telephone number of contact	person	330-447-8043	, )	Jill f	20A	
5) Email address of complainan	t	ill. rotha	i m	ail . Con	1	
6) Complainant's relationship to		if not owner days	nt	eC		
lf m	ore than	one parcel number is included,	see "l	Multiple Parcels" on bac	:k	
7) Parcel number from tax bill		# Acres, if applicable		Address of property		
		.c. 10	1 1			
8) Indicate the reason for this c						
☐ The classification of prop						
☐ The classification of prop	erty unde	r RC 319.302.		0.41.07	E742.2E	
☐ The denial of a CAUV app	lication file	ed under RC 5713.32 or the conver	sion of	CAUV property under RC	07 10,00.	
☐ The valuation of property	on the a	gricultural land tax list.	4	main idle under DC 5713 3	20/1/4/	
Determination whether go	od cause	exists for land on the CAUV progra	m to re	confication pursuant to PC	5713 351	
Determination of whether g	ood cause	e exists for the failure to file a CAUV r	enewai	application pursuant to NO.	37 13.331.	
		n of a qualifying child care center			1.	
	hange in	the value of the property, complete	e line 9	. Complainants appealing	other issues do not need to	
complete this line.		Calumn		Column B	Column C	
Parcel number	Comp	Column A lainant's Opinion of Value		Current Value	Change in Value	
Parcel number	Comp	(Full Market Value)		(Full Market Value)		
07-0000032100	10	<del></del>				
01 10000 0000						
				4 . 0	. \ \ \ ,	
10) The requested change is ju	stified for	r the following reasons: Mu	Vat	her (wm NL	idgeon) has	
allo hoimas	0 (	disease and	$\theta$	didn't mo	atte me	
CUI CITA	1-th	a Danaulynk	a			
11) If the complainant is a logic	lativo aut	thority and the complaint is an original	ninal co	mplaint with respect to pr	roperty not owned by the	
complainant. R.C. 5715.19	(A)(8) rec	quires this section to be completed	d.	mpianit man respectively.		
The complainant has co	molied wi	th the requirements of R.C. section	n 5715.	.19(A)(6)(b) and (7) and pr	ovided notice prior to the	
adoption of the resoluti	on require	ed by division (A)(6)(b) of that sec	tion as	required by division (A)(7	<ol> <li>of that section.</li> </ol>	
•						
I declare under penalty of perjuedge and belief is true, correct	iry that th	is complaint (including any attach	ments)	has been examined by m	e and to the best of my know	
		ant or agent <u>Jw Hat</u>	H	Title (if agent)		
_/ -/		Signatu		of with DOU	vear 7074	
Sworn to and signed in my p	resence,	tnis	day	SCOTT SCOTT	BERALD HARMON	
Notary / ROD Signatur	erale	Dame			Public, State of Ohio	
Signatui	-				mmission Expires	
				MA ME OF ONE	lay 21, 2028	

RECEIVED	2023 - 2024 Tax year - 2024	BOR no. 3402 - 2307	DTE 1 Rev. 12/22
JAN <b>12</b> 2024	County Harrison	Date received 1-12-2024	
Comp	laint Against the Valuation	on of Real Property	
ALLISONSMI AMAGORILA (CALIDITAR)	d type or print all information. Read ir Attach additional pages if n	nstructions on back before completing form. 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. Street address, City, State, ZIP code Name 1. Owner of property 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. Address of property 6. Parcel numbers from tax bill 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. Column C Column B Column A Current Value Change in Value Complainant's Opinion of Value Parcel number (Full Market Value) (Full Market Value) 3000,000 9. The requested change in value is justified for the following reasons: 10. Was property sold within the last three years? 'es Z No Unknown If yes, show date of sale\_\_\_\_

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

13. Do you intend to present the testimony or report of a professional appraiser? 

Yes 

No 

Unknown

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 \$ \_\_\_\_\_.

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*			34-	03		
RECĖIVED HARRISON COUNTY	Tax year 202	23	BOR no. 23-	08 DTE 1 Rev. 12/22		
	1/	rison	Date received			
JAN 1 6 2024 Com	laint Against	the Valuatio	n of Pool Prope	erty		
Answer all questions a	nd type or print all inf	ormation. Read in	structions on back before	re completing form.		
ALLISON M. ANDERS	ıll market value compl	aints only. All otr	ier compiaints should us	se DTE Form 2		
AUDITOR	Original c	omplaint	nter complaint			
	Nai			s, City, State, ZIP code		
. Owner of property	John H	olmes	86279 Baller	o Ridge Rd Jewett		
. Complainant if not owner	Christie	SProull				
s. Complainant's agent	Phone 740-	-449-488	4 CHOURT			
. Telephone number and email a	ddress of contact perso	n	CSProul	1123 a Grail. com		
rotopriorio riatilizar atta arraina						
5. Complainant's relationship to p	roperty, if not owner					
If m	ore than one parcel is	included, see "M	ultiple Parcels" Instructi	on.		
3. Parcel numbers from tax bill			Address of prope	erty		
30-0000 366,5	00	86279 Bakers Ridge Rd , Jrusett				
			, 0	,		
7. Principal use of property	Home					
8. The increase or decrease in ma	rket value sought. Cour	nter-complaints sup	porting auditor's value may	have -0- in Column C.		
	Column A		Column B	Column C		
Parcel number (	Complainant's Opinion	n of Value	Current Value	Change in Value		
	(Full Market Val	ue)	(Full Market Value)			
12-0118						
10 0110						
9. The requested change in value  Yhis wees in  Paid to howe	e is justified for the follo	wing reasons:	0 - 4 21	III ME Notice		
This was in	mamo nan	ne Olde	1 SOUTHER W	Man 1 snight		
Paire to have	is to a doi	on Mar	1h 20035			
70 - 0	,					
10. Was property sold within the	last three years?   Y	es 🗌 No 🖺 Ur	nknown If yes, show date	of sale		
and sale price \$	/ \		in "Instructions for Line 10			
and sale price \$	, and attach init	ormation explained	III Modudono loi Esso la			
11. If property was not sold but wa	as listed for sale in the las	st three years, attacl	n a copy of listing agreemer	nt or other available evidence.		
12. If any improvements were co			N/A	ditatal agast & N/A		
12. If any improvements were co	mpleted in the last thre	e years, show date	and	d total cost \$		
13. Do you intend to present the	testimony or report of a	professional appra	aiser? 🗌 Yes 🗐 No 🗀	Unknown		

14. If you have filed a prior complaint on this parcel since the last for the valuation change requested must be one of those below. I section 5715.19(A)(2) for a complete explanation.	reappraisal or update of property values in the county, the reason Please check all that apply and explain on attached sheet. See R.C.
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The complainant has complied with the requirements of F adoption of the resolution required by division (A)(6)(b) of	R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the f that section as required by division (A)(7) of that section.
I declare under penalties of perjury that this complaint (including knowledge and belief is true, correct and complete.	any attachments) has been examined by me and to the best of my
DateComplainant or agent (printed)	NRISTIE SKOW Title (if agent)
Complainant or agent (signature)	Special ,
Sworn to and signed in my presence, this(Date)	day of January 2024  (Month) (Year)
Notary AMA MCOULD	ONWIN (Year)
	N. M. P.

34 02 DTE 1 Tax year. BOR no. Rev. 12/22 RECEIVED County\_ Date received 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 0 8 2024 HARRISON COUNTY This form is for full market value complaints only. All other complaints should use DTE Form 2 ☐ Original complaint ☐ Counter complaint ALLISON M. ANDERSON Notices will be sent only to those named below. Street address, City, State, 20000R Name 1. Owner of property 2. Complainant if not owner 3. Complainant's agent 4. Telephone number and email address of contact person 741 658-3479 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. Column A Column B Column C Parcel number Complainant's Opinion of Value Current Value Change in Value (Full Market Value) (Full Market Value)

30-0103	- D-	15,350	- 15,350
9. The requested change	in value is justified for the following reasons:		
			a .
Not Livable -	- being toward down		
	hin the last three years?	Jnknown If yes, show date of sa	ale
and sale price \$	; and attach information explaine	d in "Instructions for Line 10" on	back.
11. If property was not solo	d but was listed for sale in the last three years, atta	ch a copy of listing agreement or	other available evidence.
12. If any improvements v	were completed in the last three years, show dat	e and tota	al cost \$
13. Do you intend to pres	ent the testimony or report of a professional app	raiser?  Yes  No Ur	nknown

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☐ The complainant has complied with the requirements of F adoption of the resolution required by division (A)(6)(b) of	R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the f that section as required by division (A)(7) of that section.
I declare under penalties of perjury that this complaint (including knowledge and belief is true, correct and complete.	any attachments) has been examined by me and to the best of my
Date 2-7-2024 Complainant or agent (printed)	Try Bondall Title (if agent)
Complainant or agent (signature) Joy Faudelle	- Laboration 2221
Notary (Date)	day of (Month) (Year)

• 9"		Tax year	13	_ во	R no	23-1	<u>U</u>	DTE 1 Rev. 12/22
		County Hari	1300					
Co	mp	laint Against					y	
Answer all questio	ns ai	nd type or print all int	formation. Read ditional pages if			n back before	completing forn	1.
This form is f	or fu	ll market value comp	laints only. All o	other o	complaint		DTE Form 2	
			complaint					
			me	T			City, State, ZIP	ode
1. Owner of property		Edwin S	ickson		6216	ebb Ave (	adiz At 4	3907
2. Complainant if not owner								
3. Complainant's agent								
4. Telephone number and em	ail ad	dress of contact perso	on ,				/	
740-827-	76	66 e	Tackson	914	1516	2 graz	1. com	
5. Complainant's relationship	to pr	operty, if not owner						
	lf mo	re than one parcel is	included, see "	Multip	le Parcels	s" Instruction.		
6. Parcel numbers from tax bi	ill				Addr	ess of property		
						NY INDONESIA SI		
7. Principal use of property					NATIONAL PROPERTY AND A STATE OF THE STATE OF			
8. The increase or decrease in	n mar	ket value sought. Cour	nter-complaints su	ipportir	ng auditor'	s value may ha	ve -0- in Column	C.
		Column A			Colur	mn B	Colum	n C
Parcel number	C	omplainant's Opinior Full Market Val)		(1	Current	t Value et Value)	Change ir	ı Value
059000720000	20	o o o	ue)	4	7,60	_ ′	-2760	<u> </u>
		1		-				
						open statement Karang Kanang and an and a second a second and a second a second and		
9. The requested change in v	aļue L	is justified for the follow	ving reasons:	1	un to	18 000	Abulas	
No working 16, center + his k	id	new or bat	1000m, 1	nov.	3610	Thomas ,	o Proce	ed
of remodelin	5 -	- you ner	d to co	is c	9/115	1000		
10. Was property sold within						show date of s		
and sale price \$		,			•			
and care price \$		, and attaon me	mation explaine	<b>4</b> III II	1011 40110110	TOT EITO TO OF	r baok.	
11. If property was not sold bu	t was	listed for sale in the las	t three years, atta	ch a co	py of listin	g agreement or	other available e	/idence.
12. If any improvements were	e com	pleted in the last three	years, show dat	e	/	and tot	tal cost \$	
13. Do you intend to present	the ta	estimony or report of a	nrofessional ann	raisor	) [] Voc		nknown DECE	IVED.
15. Do you intend to present	u io te	sommony of report of a	professional app	i aisti !			HARRISON	

FEB 08 2024

14. If you have filed a prior complaint on this parcel since the last for the valuation change requested must be one of those below. F section 5715.19(A)(2) for a complete explanation.	reappraisal or update of property values in the county, the reason Please check all that apply and explain on attached sheet. See R.C.
☐ 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 complainant, R.C. 5715.19(A)(8) requires this section to be comp	
☐ The complainant has complied with the requirements of R adoption of the resolution required by division (A)(6)(b) of	.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the that section as required by division (A)(7) of that section.
I declare under penalties of perjury that this complaint (including knowledge and belief is true, correct and complete.  Date 2-1 - W Complainant or agent (printed)	any attachments) has been examined by me and to the best of my
Complainant or agent (signature)	Let Jack
Notary Notary (Date)	day of (Month) (Year)
NOTAL MARKET	O SE SO SE S



Tax year.

41-	
12-1	RECEIVED HARRISON COUNTY Rev. 02/19
251	LHARRISON COUNT
•	Rev. 02/19

Harrison Date received.

Complaint Against the Valuation of a Manufactured or 8 2024

Mobile Home Taxed Like Real Property

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

Original complaint Counter complaint

		Notices will be	sent only to thos	e named below.		
		Na	me		dress, City, State, ZIP code	
1. Owner of home		Chris Er	ICKSOH	86260 h	vater works RI, I	Hopeall On
2. Complainant if not owne	г					—— 439 <i>1</i>
3. Complainant's agent						
4. Telephone number of co	ntact pe	erson 740 -	-457-78	378		
5. Email address of compla	ainant	<u>Cj</u>	erickson	90 smail.	Con	
6. Complainant's relations	nip to ho	me, if not owner				
	lf r	nore than one home	is included, see	"Multiple Homes" on b	oack.	
7. Registration number fro	m tax bi	II		Address of h		
UNKNOWN			86260 1	idorworlds ld 1	Porchale, Ohis 439	76
		r		,		
8. Principal use of home	Dé	stroyed in a	2009, N	o use after	Averest of 200	79
9. The increase or decreas						CONTRACTOR
		Column A		Column B	Column C	
Registration	С	omplainant's Opinio		Current Value		ue
Number		(Full Market Va	lue) \	(Full Market Valu	le)	
UNKnown	B	O worthles	55).	0.	0	
(25-0028)	1					
10. The requested change	in valu	e is justified for the foll	owing reasons:	The mobile V	nome was 36 prop e sold the prop of the mobile	40 F/2
La Cosomiah	ue	aser in 200	9 Mr 40	aror disonle	of the mobile	home
10 /20	'	Je i e e		age. anyon	<b>y</b> 0, 24	
11. Was home sold within	the last	three years?  Yes	- No □ Unl	known If yes, show date	e of sale	
and sale price \$		; and attach info	ormation explaine	ed in "Instructions for Line	e 11" on back.	2
13 If any improvements y	vere cor	npleted in the last three	e years, show dat	te	ent or other available evidence and total cost \$	ž.
14. Do you intend to pres 15. If you have filed a pric	ent the t	estimony or report of a	professional app	oraiser? 🗌 Yes 📗 No	Unknown X/A	
reason for the valuation of	hange r	equested must be one	of those below. F	Please check all that app	ly and explain on attached	
sheet. See R.C. section 5	715.19(	A)(2) for a complete ex arm's length transactio	xplanation.	e home lost value due	Pasas Jako	
A substantial impr	ovemen	t was added to the hon	ne. Oc	cupancy change of atde	a substantia AR	A C MARTIN
I declare under penalties	of periu	rv that this complaint (i	econor ncluding any atta	mic impact on my prope chments) has been exar	nimed by me and to the doest	blic, State of Oh
knowledge and belief is to	ue, corr	ect and complete.	1/1///	/	WE'SE'SE	,
Date	Com	plainant or agent	1 Signature	Title (if a	agent)	
Sworn to and signed in m	y prese	nce, this	X Signature	day of Febru	ωy year 200	24

		Tax year	023	. BOI	34 Rno. <u>23-1</u>	RECEIVED COUNTY	
Answer all quest	ions ar	nd type or print all inf Attach add Il market value compl	ormation. Read i ditional pages if aints only. All o	On instru	complaints should use	SCON W. ANDERSON	
		Notices will be	omplaint		ed below.	011 0111 710 1-	
		Nan	me		Street address,	City, State, ZIP code	
Owner of property		1. DOMAS	MAMA	4	81385 WALLA	CRY CAUTTON	
2. Complainant if not owner	ſ						
3. Complainant's agent							
4. Telephone number and e	email ac	Idress of contact perso	n 	1	40 942	2-8203	
5. Complainant's relationsh	nip to pr	operty, if not owner					
	If mo	ore than one parcel is	included, see "l	Multip	le Parcels" Instruction		
6. Parcel numbers from tax	c bill		Address of property				
7. Principal use of property	/						
8. The increase or decreas	e in ma	rket value sought. Cour	nter-complaints su	ipporti	ng auditor's value may h	ave -0- in Column C.	
Parcel number	C	Column A complainant's Opinio (Full Market Val		(	Column B Current Value (Full Market Value)	Column C Change in Value	
29-0000213.00		10 000		3	1120	-21120	
n - [1000a13.500]							
9. The requested change	in value	is justified for the follow	wing reasons:				
VALue	1	419h					
10. Was property sold with	hin the I	ast three years? Y	res No lo	Jnkno ed in "I	wn If yes, show date of	saleon back.	
11. If property was not solo							
12. If any improvements v	were co	mpleted in the last thre	e years, show da	te	$\frac{\cancel{\cancel{X}} \cancel{\cancel{0}} \cancel{\cancel{2}} \cancel{\cancel{1}}}{\cancel{\cancel{1}}}$ and t	otal cost \$	
13. Do you intend to pres	ent the	testimony or report of a	a professional app	oraise	r? 🗌 Yes 🛮 No 🔲	Unknown	

14. If you have filed a prior complaint on this parcel since the last for the valuation change requested must be one of those below. F section 5715.19(A)(2) for a complete explanation.	reappraisal or update of property values in the county, the reason lease check all that apply and explain on attached sheet. See R.C.
☐ 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 complainant, R.C. 5715.19(A)(8) requires this section to be comp	s an original complaint with respect to property not owned by the leted.
☐ The complainant has complied with the requirements of R adoption of the resolution required by division (A)(6)(b) of	.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the that section as required by division (A)(7) of that section.
I declare under penalties of perjury that this complaint (including knowledge and belief is true, correct and complete.	any attachments) has been examined by me and to the best of my
Date 2 - 6 - 20 L Complainant or agent (printed) // Complainant or agent (signature)	Dryne Sharradtle (if agent) CUSTYON
Sworn to and signed in my presence, this(Date)	day of day of Quantity   Quanti
Notary No	JANE BLANTING OF THE STATE OF T

RECEIVED HARRISON COUNTY	Tax year 2023	вс	DR no. 23-1	RECEIVED DTE 1	
* *	county Harrison	) Da	ite received		
Answer all questions ar	plaint Against the Value and type or print all information. Report the National page of market value complaints only. It is notices will be sent only to the Notices will be sent only to the National Complaint.	ead instress if nece All other Counte	uctions on back before constants.  complaints should use of the complaint med below.	AUDITOR	
	Name			ity, State, ZIP code	
1. Owner of property	THOMAS L. & PAMELA J. SA	MITH	1528 ELMWOOD AVE.	LAKEWOOD, OH 4407	
Complainant if not owner					
3. Complainant's agent					
4. Telephone number and email ac			-		
	tsmith_1002@yah	oo, Con	3	,	
5. Complainant's relationship to pr		((N/I)   14i	nle Parcele" Instruction		
If mo	ore than one parcel is included, s	ee "Multi			
6. Parcel numbers from tax bill	25.10-	1. 1.1.1.	Address of property	01/ 42007	
290000494000	35430	JOHNSO	ON MILL RD., CADIZ	04 75707	
290000495000		-	ι.		
		A 445/8/3	- 20	i de la companya de l	
	SEASONAL 2ND. HOM		ti ditaria valua may bay	o O in Column C	
8. The increase or decrease in ma	arket value sought. Counter-complain	its suppor			
Parcel number C	Column A Complainant's Opinion of Value (Full Market Value)	/A	Column B Current Value (Full Market Value) SSESSED VALUE)	Column C Change in Value	
290000 494000		B	22,230		
290000495000	LESS THAN \$24,850	#	26,230	GREATER THAN	
			· ·		
PARCEL 290000 49. THE ADJOINING PARCEL	e is justified for the following reasons 4 HAS A HOUSE ON IT, IS 290000495 IS VACANT, VATION RATE APPLIED TO CEL SHOWS THAT THE	15 0,	-494 DENELARES	PARCEL AGAIN ON	<sup>4</sup> 24,850,
10. Was property sold within the	last three years?   Yes No	☐ Unkr	own If yes, show date of s	ale	-
	; and attach information exp				
11. If property was not sold but wa	as listed for sale in the last three years	s, attach a	copy of listing agreement or	other available evidence.	
	ompleted in the last three years, sho		A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		* #
	testimony or report of a professiona				
J WAS TOLD DUR	ING A CALL TO THE	COUNT	Y AUDITOR'S OFF	ICE THAT PARTO	F
THE VACANT WOULD	D BE VALUED AT A	EVEN	BE LOWER THAN	1 \$24,850.	

14. If you have filed a prior complaint on this parcel since the last for the valuation change requested must be one of those below. I section 5715.19(A)(2) for a complete explanation.	reappraisal or update of property values in the county, the reason Please check all that apply and explain on attached sheet. See R.C.
☐ 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 complainant, R.C. 5715.19(A)(8) requires this section to be complained.	is an original complaint with respect to property not owned by the bleted.
☐ The complainant has complied with the requirements of F adoption of the resolution required by division (A)(6)(b) of	R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the that section as required by division (A)(7) of that section.
I declare under penalties of perjury that this complaint (including knowledge and belief is true, correct and complete.	any attachments) has been examined by me and to the best of my
Date 2/1/2024 Complainant or agent (printed) 1/4	ToMAS L- SMITH Title (if agent)
Complainant or agent (signature)	Amith
Sworn to and signed in my presence, this(Date)	day of February 2024  (Month) (Year)
Notary Jank All (Date)	Joseph Gilbert Notary Public, State of Ohio My Commission Expires July 13, 2027
FOR PARCELS 290000 494000	= AND 290000 495000,

	3402	
Tax year	BOR no. 23-14	DTE 1 Rev. 12/22
county Harrison	Date received	

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.

										_
			Na	me		Street address, City, State, ZIP code				
1. Owner of property		Kerry	+ Allis	50n	Anderso	14185	HEMVY	Road	, Cadle, C	1H4
2. Complainant if not owner		J								
3. Complainant's agent				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
4. Telephone number and en 140-40	21 10	Idress of co	ntact perso	n						
5. Complainant's relationshi	p to pr	operty, if no	t owner							
If more than one parcel is included, see "Multiple Parcels" Instruction.										
6. Parcel numbers from tax	bill					Addres	s of property			
05-1202216	ODI				LD+	11 Par	+ COUV	imi Cu	IN WA	NO
05-0002215.1	MIN				1/0+	10 00	lumi	all	Maino	V
<u> </u>	iliani iliana interiment						0			
7. Principal use of property VMMH W013										
8. The increase or decrease	in mar	ket value s	ought. Cour	nter-con	nplaints suppor	ing auditor's \	alue may hav	e -0- in Col	umn C.	
Parcel number	C	omplainan	Column A t's Opinior Market Val			Columr Current V (Full Market	'alue	7	olumn C ge in Value	e
05-00072110.001		7.2	50			10.91	0	13	WLOD.	
05-000 22 15 0h	)	14,0	000			21.87	00	17	360	
<u> </u>								U	J	
9. The requested change in TMSC 10'S WUYE JUY 500 PEY 10'S WORLD WITH 10. Was property sold within and sale price \$	JUST T. T WCM In the la	SOLD NEN 19 ASEA DE ast three ye	IN 20 N 2023 H HMIS H HMIS	20 Drices	IN an a ney wer e wellow No unkno	SVIU Se tyut own If yes, sh	154NÜY 154NÜY now date of sa	Devce	thon f for by wid va a 123	or th.
11. If property was not sold b	out was	listed for sa	le in the las	t three	years, attach a o	copy of listing	agreement or o	other availal	ble evidence	Э.
12. If any improvements we	ere con	npleted in th	ne last three	e years.	, show date		and tota	al cost \$ _		
13. Do you intend to preser	nt the to	estimony or	report of a	profes	sional appraise	r? 🗌 Yes 🛭	No □ Un	known		

14. If you have filed a prior complaint on this parcel since the last for the valuation change requested must be one of those below. section 5715.19(A)(2) for a complete explanation.	st reappraisal or update of property values in the county, the re-	e R.C.
☐ 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 complainant, R.C. 5715.19(A)(8) requires this section to be complained.	t is an original complaint with respect to property not owned by pleted.	the
☐ The complainant has complied with the requirements of F adoption of the resolution required by division (A)(6)(b) of	R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior of that section as required by division (A)(7) of that section.	r to the
I declare under penalties of perjury that this complaint (including knowledge and belief is true, correct and complete.	g any attachments) has been examined by me and to the best	of my
Date 2 12 2024 Complainant or agent (printed)	LUSON M. AMOLETSON Title (if agent)	
Complainant or agent (signature)	1 graluan	
Sworn to and signed in my presence, this(Date)	day of John Cyce	ar)
Notary Melle	MINIMAL INTO THE PARTY OF THE P	
Notary //	RECOUNTY TO THE PARTY OF THE PA	
	O O O O O O O O O O O O O O O O O O O	

market to a					3402	RECEIVED	
		Tax year	)23_	во	R no	BESON COURT 1/2/22	
		County Har	ison	Dat	e received	FFR ORTON	
Answer all ques	tions an	d type or print all info Attach add I market value compl ☐ Original co	ormation. Read i ditional pages if	nstru nece: ther o unter	complaints should use Document	ompleting form. ON M. ANDERSON	
	T	Nar				ity, State, ZIP code	
Owner of property		MARION YDAI	ZIENE BES	T	81451 UNIONVALE		
2. Complainant if not owne	r				CADIZ,	DH. 43907	
3. Complainant's agent							
4. Telephone number and o			n				
5. Complainant's relations	hip to pro	perty, if not owner	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
	If mo	re than one parcel is	included, see "N	/Jultip	ole Parcels" Instruction.		
6. Parcel numbers from ta	x bill		Address of property				
7. Principal use of propert	y Z	PEN FIEL	20				
8. The increase or decreas	se in mar	ket value sought. Cour	nter-complaints su	pport	ing auditor's value may hav	e -0- in Column C.	
Parcel number	Co	Column A omplainant's Opinio (Full Market Val			Column B Current Value (Full Market Value)	Column C Change in Value	
130000683000	\$ 12	3,500		15	22,230	\$ 9,730	
9. The requested change	in value	is justified for the follow	wing reasons:			,	
NO LONGER	A	RESIDENCE	- Just	0.	PEN FIELD-	+ TREES	
						ale	
and sale price \$		; and attach info	ormation explaine	d in "	Instructions for Line 10" or	i back.	
					copy of listing agreement or		
12. If any improvements	were con	npleted in the last thre	e years, show dat	te/	NONE and tot	al cost \$	
13. Do you intend to pres	ent the t	estimony or report of a	a professional app	raise	r? ☐ Yes ☑ No ☐ U	nknown	

14. If you have filed a prior complaint on this parcel since the last for the valuation change requested must be one of those below. P section 5715.19(A)(2) for a complete explanation.	reappraisal or update of property values in the county, the reason lease check all that apply and explain on attached sheet. See R.C.
☐ 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 complainant, R.C. 5715.19(A)(8) requires this section to be comp	s an original complaint with respect to property not owned by the leted.
☐ The complainant has complied with the requirements of R adoption of the resolution required by division (A)(6)(b) of	.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the that section as required by division (A)(7) of that section.
I declare under penalties of perjury that this complaint (including knowledge and belief is true, correct and complete.	any attachments) has been examined by me and to the best of my
Date <u>2/7/2024</u> Complainant or agent (printed) <u>M</u>	ARLON BEST Title (if agent) CWNER
Complainant or agent (signature) Warlon B	Jul 2024
Notary Notary Presence, this (Date)	day of (Month) (Year)
	OSA NOVARRAN

## RECEIVED HARRISON COUNTY Rev. 12/22 FEB 8 2024 Date received plaint Against the Valuation of Real Property, Attach additional pages if necessary. **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. Street address, City, State, ZIP code Name 1. Owner of property 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. Address of property 6. Parcel numbers from tax bill 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. Column C Column B Column A Change in Value Current Value Complainant's Opinion of Value Parcel number (Full Market Value) (Full Market Value) 050002364000 9. The requested change in value is justified for the following reasons: 10. Was property sold within the last three years? Yes Mo 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.

13. Do you intend to present the testimony or report of a professional appraiser? Yes \( \subseteq \text{No} \subseteq \text{Unknown} \)

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

	Please check all that apply and explain on attached sheet. See R.C.
☐ 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 complainant, R.C. 5715.19(A)(8) requires this section to be complained.	is an original complaint with respect to property not owned by the pleted.
☐ The complainant has complied with the requirements of F adoption of the resolution required by division (A)(6)(b) of	R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the that section as required by division (A)(7) of that section.
knowledge and belief is true, correct and complete.	any attachments) has been examined by me and to the best of my
Date Complainant or agent (printed)	Title (if agent)
Complainant or agent (signature)	Harold J. En
Sworn to and signed in my presence, this	day of January 2024  (Month) (Year)
1211212025	

RECEIVED			3402	<b>)</b>		
HARRISON CO	· )/\ ~	)3 "	OR no. 23-1	DTE 1 Rev. 12/22		
FEB <b>8</b> .2024	Tax year XV	· 100	Date received	(Nev. 12/22		
C	Oddrity					
ALLISON, M. quest	omplaint Against	formation. Read inst	ructions on back before	completing form.		
AUDITOR This form is	Attach ad for full market value comp	ditional pages if ned laints only. All othe	essary. r complaints should use I	OTE Form 2		
	☐ Original o	complaint	ter complaint			
		me		City, State, ZIP code		
Owner of property	DORIS J. F	toagland	7555 Barber	Hill Rotippon		
2. Complainant if not owner				4		
3. Complainant's agent						
4. Telephone number and er	mail address of contact perso	on 330-260	5-3116			
5. Complainant's relationshi	p to property, if not owner					
	If more than one parcel is	included, see "Mul	tiple Parcels" Instruction.			
6. Parcel numbers from tax	bill	Address of property				
PT000025001	90	31555 Dacher Hill Kd Tipp En. 44698				
				V /		
7. Principal use of property						
8. The increase or decrease	in market value sought. Cou	nter-complaints suppo	orting auditor's value may ha	ve -0- in Column C.		
Parcel number	Column A Complainant's Opinio (Full Market Va		Column B Current Value (Full Market Value)	Column C Change in Value		
070000250000	11.000	3	2540 -	21.540		
1) 10000000	11/100		7) 1			
9. The requested change in The Live IV	value is justified for the follo	wing reasons: ,	not 2. An	ed there		
ARE NO Ad	dops.		,			
10. Was property sold with	in the last three years?	′es ∭ No ☐ Unk	nown If yes, show date of s	sale		
	; and attach inf					
11. If property was not sold	but was listed for sale in the la	st three years, attach a	a copy of listing agreement o	r other available evidence.		
12. If any improvements w	ere completed in the last thre	e years, show date _	and to	otal 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 for the valuation change requested must be one of those below. I section 5715.19(A)(2) for a complete explanation.	reappraisal or update of property values in the county, the reason Please check all that apply and explain on attached sheet. See R.C.
☐ 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 complainant, R.C. 5715.19(A)(8) requires this section to be comp	is an original complaint with respect to property not owned by the pleted.
☐ The complainant has complied with the requirements of F adoption of the resolution required by division (A)(6)(b) of	R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the that section as required by division (A)(7) of that section.
I declare under penalties of perjury that this complaint (including knowledge and belief is true, correct and complete.	any attachments) has been examined by me and to the best of my
Date $2 - 9 - 24$ Complainant or agent (printed) $20$	Ris J. Hozylatine (if agent) DONCR
Complainant or agent (signature) Wort A Hoch	gland 224
Notary Notary Notary	day of (Month) (Year)
NOTA ALL COMMENTS	C STATE CHARLES

# RECEIVED HARRISON COUNTY

3402

	M. AND AUDITOR THE THE	Assessmen omplaints regarding the DTF Form 1. An	t of Real l assessment iss swer all questic form. Attach ad	Pro sues o	other than the market of the type or print all info that pages as necessar	<i>r</i> alue of prop rmation. Re	ket Val	plaints
		Notices will be se	ent only to those	nam	ed below.			
		Name			Street addres		e, ZIP code	e
) Owner of property	U;	ckis L. Coff	Land-		47960 DicesAR	rdalr	Oh 439	ج <i>ا</i> ل
) Complainant if not owner		1.	N. S.		The state of the s			
) Complainant's agent								
) Telephone number of cor	ntact person	740-49	1-0378	<u> </u>				
) Email address of compla	inant	COFFIAND	@ yr	ho	o.com	1 1		
) Complainant's relationsh	ip to property	, if not owner —						
	If more than	one parcel numbe	r is included, s	see "l	Multiple Parcels" on	back	Alexander	
') Parcel number from tax l	oill	# Acres, if applicabl	e	Addre	ess of property			
110000 1760	01	110, 2592		479	60 Di Cesana	RJ. 14	oped A	le Oh.
110000 1720		617 55	- ' '		. Ich		G.	43576
		٠.			ga e la salata			
B) Indicate the reason for the Classification of The classification of The classification of The denial of a CAUV The valuation of proportion Determination whether The denial of the part of the complete this line.	property under property under property on the a perty on the a property on the a property on the a property on the a property under a property on the a property under a propert	er RC 5713.041. er RC 319.302. led under RC 5713.32 egricultural land tax lite exists for land on the e exists for the failure to the failure	st. CAUV program o file a CAUV rer d care center ur	n to rei newal nder F	main idle under RC 57 application pursuant to RC 323.16.	13,30(A)(4). RC 5713,351.	i e	need to
Parcel number	Com	Column A plainant's Opinion (Full Market Value		(	Column B Current Value (Full Market Value)	Ch	Column C ange in Va	· · · · · · · · · · · · · · · · · · ·
110000 176 001	Pole B	arn 10×22	2310	-6-	Destroyedby	wind .		23/0
11	Cr. b		2720	.0	Being ton down	- Lunstahis	_	2720
110000172604	Pole Ba.		8430	Bu	iti 1946 (new 2	00fors)		
10) The requested change			ons: <u>i) - wa</u>	ر 3		CS head -		
Drolange Vere	apple.	in crib loci	z desina	-	d due to un	stable	Endel	
3) not new loa	m, F	ent paulo		N	For I for	•	11111	WE BLATTIN
I declare under penalty of edge and belief is true, co	rrect, and co	mplete.	ing any attachm	nents)			trie pestrof	My Rhay
Date 2 - 08 - 20	Complai	nant or agent	Signature		Title (if age	nt)	FR	0
Sworn to part signed in	my presence,			_day	of two		ar	10% 10%

## ARRISON COUNTY

JAN 25 2024

BOR no.

Date received

DTE 1

Rev. 12/22

Tax year.

County.

ALLISON M. AND EBSON aint Against the Valuation of Real Property

And West and Usestions 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 r	named below.				
2	Nai	me	Street address, C	City, State, ZIP code			
Owner of property	0 1	(e) ()	90835	90835			
2. Complainant if not owner			TEWEHT GE	TEWELL COEXMAND RO			
3. Complainant's agent			JEWIH OH.	JEWX++ OH. 43986			
4. Telephone number and em	ail address of contact perso	n 740 PIEASE	0-946-7702 ECAN BEFORE AN	RE. Naisa l			
5. Complainant's relationship	5. Complainant's relationship to property, if not owner						
	If more than one parcel is	included, see "Mu	Iltiple Parcels" Instruction.				
6. Parcel numbers from tax b	sill		Address of property				
O. Farcol hambols from tax bill							
		·					
7. Principal use of property							
8. The increase or decrease	in market value sought. Cour	nter-complaints supp	oorting auditor's value may hav	ve -0- in Column C.			
Parcel number	Column A Complainant's Opinio	4 8 1 8 3 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °		Column C Change in Value			
11-0006336.600	15,000		39,530	-24,530			
Q. The requested change in							
9. The requested change in value is justified for the following reasons:  NEEDS SIDING ON THIEF SIVES OF THE HOUSE  CONDITION OF HOUSE							
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 for the valuation change requested must be one of those below. I section 5715.19(A)(2) for a complete explanation.	reappraisal or update of property values in the county, the reason Please check all that apply and explain on attached sheet. See R.C.
☐ 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 complainant, R.C. 5715.19(A)(8) requires this section to be comp	is an original complaint with respect to property not owned by the pleted.
☐ The complainant has complied with the requirements of F adoption of the resolution required by division (A)(6)(b) of	R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the f that section as required by division (A)(7) of that section.
I declare under penalties of perjury that this complaint (including knowledge and belief is true, correct and complete.	any attachments) has been examined by me and to the best of my
Date 1-28-24 Complainant or agent (printed)	TU Brow Tible (if agent)
Complainant or agent (signature) <u>Seelf Brawn</u>	
Sworn to and signed in my presence, this	day of Anna January Ja

RECEIVED HARRISON COUNTY

Date received

Complaint Against the Assessment of Real Property Other than Market Yalue

Use this form to file board of	f revision complaints regarding as	sessment issues other thar	n the market value of p	property. Complaints
against market value should l	be filed on the DTE Form 1. Answ	ver all questions and type o	r print all information.	Read the instructions
	on the back before completing for			

	Notices will be sent only	to those named below.	
	Name	Street address,	, City, State, ZIP code
1) Owner of property	Todd ARMSTRA	on6 90415 YA	IGER RJ
Complainant if not owner		Denviso a	VOH 44621
3) Complainant's agent	:		
4) Telephone number of contact pe	erson 330-3	40-7304	
5) Email address of complainant		2	
6) Complainant's relationship to pr	operty, if not owner		
		uded, see "Multiple Parcels" on ba	ack
7) Parcel number from tax bill	# Acres, if applicable	Address of property	
15 70000922.70	66.225		
8) Indicate the reason for this com	iplaint:		
☐ The classification of property	y under RC 5713.041.		1
☐ The classification of property			
		conversion of CAUV property under RC	C 5713.35.
	the agricultural land tax list.	program to remain idle under DC 5713	30(4)(4)
		program to remain idle under RC 5713. AUV renewal application pursuant to RC	
the same of the sa	emption of a qualifying child care ce		707 10.0011
		mplete line 9. Complainants appealin	ng other issues do not need to
complete this line.	lige in the value of the property, col	implete line 3. Complantante appealin	ig cultor issues de flot floca to
	Column A	Column B	Column C
Parcel number	Complainant's Opinion of Value	Current Value	Change in Value
	(Full Market Value)	(Full Market Value)	
15-0000 922 204	13530	60390	
	- I		
	-		
		CARING FOR SAF	16-0 0.11
10) The requested change is justif		CARIO FOR JAT	HER AND
RoRgot to	Reform form		
11) If the complainant is a legislati	ive authority and the complaint is a	an original complaint with respect to p	property not owned by the
	(8) requires this section to be comp		
The complainant has comp	lied with the requirements of R.C. s	section 5715.19(A)(6)(b) and (7) and p at section as required by division (A)(	77) of that section
adoption of the resolution	required by division (A)(O)(D) or the	at section as required by division (73)	(1) of that ocotion.
	that this are also to the discount of	ttack	me and to the best of my knowl-
edge and belief is true, correct, ar	that this complaint (including any a and complete.	attachments) has been examined by n	ne and to the best of the knowl-
4	mplainant or agent	Title (if agent)	
	72 15	Signature	110
Sworn to and signed in my preso	epice, this X Ra	day of hanca sc	3 .00
Notary Signature	way	V	1950