

RECEIVED
HARRISON COUNTY

Tax year 2023 BOR no. _____

DTE 1
Rev. 12/22

County Harrison Date received _____

JAN 25 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 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	Todd and Jennifer Dunlap	15 Country Club Manor Cadiz OH 43907	
2. Complainant if not owner	n/a	n/a	
3. Complainant's agent	n/a	n/a	
4. Telephone number and email address of contact person <u>330-417-2006</u> <u>jendunlap24@gmail.com</u>			
5. Complainant's relationship to property, if not owner <u>n/a</u>			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property	
<u>050002218000</u>		<u>13 Country Club Manor Cadiz OH 43907</u>	
<u>050002219000</u>		<u>14 Country Club Manor Cadiz OH 43907</u>	
7. Principal use of property <u>Vacant 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>050002218000</u>	<u>16000</u>	<u>21860</u>	<u>- 5860</u>
<u>050002219000</u>	<u>16000</u>	<u>21860</u>	<u>- 5860</u>
9. The requested change in value is justified for the following reasons: This parcel was purchased in 2021 in an arm's length transaction according to ORC 5713.03. The market value should match the sale price paid for the property. The additional parcel is attached to this parcel and is the exact same size, and should be the same market value as the lot most recently purchased. Both should match in value.			

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale 5/13/21
and sale price \$ 16000 ; 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 1/25/24 Complainant or agent (printed) Jennifer Dunlap Title (if agent) _____

Complainant or agent (signature) _____

Sworn to and signed in my presence, this 1/25/2024 day of January 2024
(Date) (Month) (Year)

Notary Jessica N Ebengho



JESSICA N. EBENGHO

Notary Public,
State of Ohio

My Commission Expires June 14, 2028

RECEIVED
HARRISON COUNTY

JAN 26 2024

3402

Tax year 2023 BOR no. 23-22
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 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	Mahlon & Marie Yoder	41800 Burrier Rd	
2. Complainant if not owner		Jewett OH 43986	
3. Complainant's agent			
4. Telephone number and email address of contact person			
330-556-2459 - leave message			
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		
23-000012.000	41800 Burrier Rd		
	Jewett OH 43986		
7. Principal use of property			
Primary Residence			
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
23-000012.000			
9. The requested change in value is justified for the following reasons:			
I disagree with some of buildings			
I would like to meet with appraiser			

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 1-26-24 Complainant or agent (printed) Mahlon Yoder Sr. Title (if agent) _____

Complainant or agent (signature) Mahlon Yoder Sr.

Sworn to and signed in my presence, this 26th day of January 2024
(Date) (Month) (Year)

Notary Mary Jane Blake



RECEIVED
HARRISON COUNTY

Tax year 2023 BOR no. 4101 23-23
County Harrison Date received _____

DTE 1
Rev. 12/22

JAN 29 2024

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

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	Rose Setsick	75655 Harrisville Rd Adena, OH 43901	
2. Complainant if not owner			
3. Complainant's agent	Doug Setsick POA		
4. Telephone number and email address of contact person			
740-391-9407		dougsetsick@yahoo.com	Doug Setsick P.O.A.
5. Complainant's relationship to property, if not owner <u>SON</u>			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property	
25 0000 29 0000		75655 Harrisville Rd Adena, OH 43901	
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
250000290000	114,600	148,850	34,250
9. The requested change in value is justified for the following reasons: <u>An increase of 36.5% of the evaluation of my home is excessive. No improvements have been made. I am an elderly individual on a fixed income. The recent increase in my taxes has placed an undue burden on me due to my fixed income. My</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

social security is not keeping up with inflation. I am facing financial challenges in meeting the inflation level of utilities and taxes. I kindly request the tax office to reconsider and reassess the value of my home. otherwise, I could be faced with being driven out of my home which is not acceptable.

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 1/29/24 Complainant or agent (printed) Douglas Sefick Title (if agent) _____

Complainant or agent (signature) Douglas Sefick

Sworn to and signed in my presence, this 29th day of January 2024
(Date) (Month) (Year)

Notary M. Jane Blake



3401
23-24

JAN 29 2024

Tax year 2023 BOR no. _____
County HARRISON Date received _____

Complaint Against the Valuation of Real Property

ALLISON M. ANDERSON
AUDITOR

Read instructions on back of this form 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	DAVID & KAREN O'NEAL	1702 VIEW POINTE AVE	
2. Complainant if not owner		LOUISVILLE, OHIO 44641	
3. Complainant's agent			
4. Telephone number and email address of contact person DAVID (CELL) (330) 312-1300 EMAIL DONEAL@322@ICLOUD.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	
150000 978 007		89223 MILL HILL ROAD	
		BOWERSTON, OH 44695	
7. Principal use of property VACATION HOME - HARD WOOD TREE GROWING			
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
150000 978 007	TBD	TBD	TBD
9. The requested change in value is justified for the following reasons: CONFIRM ACCURACY OF DIMENSIONS AND FEATURES OF HOME IN LATEST APPRAISAL FOR EXAMPLE, THERE IS NO BASEMENT IN THE 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 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 1/26/24 Complainant or agent (printed) DAVID O'NEAL Title (if agent) _____

Complainant or agent (signature) *David O'Neal*

Sworn to and signed in my presence, this 26th (Date) day of January (Month) 2024 (Year)

Notary *Paige Kohmann*



PAIGE KOHMANN
Notary Public
State of Ohio
My Comm. Expires
September 25, 2028

RECEIVED
HARRISON COUNTY

Oak Springs Farm, LLC

3402

JAN 29 2024

Tax year 2023 BOR no. 23-25
County Harrison Date received _____

DTE 2
Rev. 08/21

ALLISON M. ANDERSON
Complaint Against the Assessment of Real Property Other than Market Value
AUDITOR

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	<u>Stanley + Delma Wallace</u>	<u>10998 Welton Rd, Bolivar, Oh 44612</u>
2) Complainant if not owner		
3) Complainant's agent		
4) Telephone number of contact person	<u>(H) 330 874 3516 (C) 330 260 8528</u>	
5) Email address of complainant	<u>StanleyAWallace@yahoo.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

- 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. This structure is under construction and is not habitable. There are no utilities or developed access.

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>22000667001</u>	<u>Building - 30,000</u>		

10) The requested change is justified for the following reasons: _____

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 1/27/24 Complainant or agent Stanley Wallace Title (if agent) owner
Sworn to and signed in my presence, this 27th day of January year 2024
Notary Silver Ann Gold Signature

FEB 1 2024

3402

23-26

Tax year 2023

BOR no. _____

DTE 1
Rev. 12/22

County HARRISON

Date received _____

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	Pamela R BANTA	227 1/2 E WARREN ST Cooliz, Oh	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person 740-624-4966 BANTAbunch@aol.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	
050002088000		227 1/2 EAST Warren ST Cooliz	
050001982000		227 1/2 EAST Warren ST Cooliz	
050000645000		227 1/2 EAST Warren ST Cooliz	
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
9. The requested change in value is justified for the following reasons: See Attached			

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 \$ 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.

N/A

- 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.

2/1/24

Date ~~1/30/24~~ Complainant or agent (printed) Pamela R Banta Title (if agent) OWNER

Complainant or agent (signature) Pamela R. Banta

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

Notary Mary Jane Blake



3402

Tax year 2023

BOR no. 23-27

RECEIVED
HARRISON COUNTY

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.

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

ALLISON M. ANDERSON
AUDITOR

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code
1. Owner of property	Kara Sliva	103 Greenview Dr, Cadiz OH 43901
2. Complainant if not owner		
3. Complainant's agent		
4. Telephone number and email address of contact person 740-491-1037		
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
05-000 2217.000	lot 12 Country Club Manor
05-000 2216.000	lot 11 Country Club Manor

7. Principal use of property VACANT LAND

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
05-000 2217.000	14,500	21,800	7,300
05-000 2216.000	7,250	10,910	3,660

9. The requested change in value is justified for the following reasons:
I bought these parcels in 2020 in an arms length transaction for \$14,500 per lot. I then split one lot and sold it. These are valued for more than I purchased them for. (ORC 5/13.03)

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale 06/04/2020 and sale price \$ 43,500 ; 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.

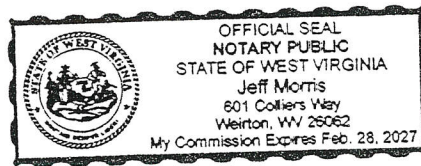
I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 1/26/24 Complainant or agent (printed) Kara Sliva Title (if agent) _____

Complainant or agent (signature) *Kara Sliva*

Sworn to and signed in my presence, this 26 day of January 2024
(Date) (Month) (Year)

Notary *Jeff Morris*



RECEIVED
HARRISON COUNTY

FEB 1 2024

3402

Tax year 2023 BOR no. 23-28
County Harrison Date received _____

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.

1. Owner of property		MICHAEL C. & JILLI J. BARACH		357 BARACH DR. HOPEDALE OH 43974	
2. Complainant if not owner					
3. Complainant's agent					
4. Telephone number and email address of contact person 740-937-2078 THUMPER76@WINDSTREAM.NET					
5. Complainant's relationship to property, if not owner OWNERS					
If more than one parcel is included, see "Multiple Parcels" Instruction.					
6. Parcel numbers from tax bill			Address of property		
130000038003			357 BARACH DR. HOPEDALE, OH 43974		
130000038004			" " " " " "		
7. Principal use of property OUR RESIDENCE					
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		
130000038003	161,000	209,310	48,310		
130000038004	600	1,140	540		
9. The requested change in value is justified for the following reasons: RE-APPRAISAL EXCESSIVE! NO UPGRADES - HOME IS 3 YRS. OLDER AND NEEDS SAME REPAIRS A FEW OTHERS. ADDITIONAL REMARKS ATTACHED					

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 1-29-2024 Complainant or agent (printed) MICHAEL L. BARASH Title (if agent) SALLI J. BARASH

Complainant or agent (signature) Michael L. Barash
Salli J. Barash

Sworn to and signed in my presence, this 29TH day of January 2024
(Date) (Month) (Year)

Notary Dara C Martin



DARA C MARTIN
Notary Public, State of Ohio
My Comm. Expires 4-16-2024

RECEIVED
HARRISON COUNTY

Tax year 2023 BOR no. 3402
County Harrison Date received 23-29

DTE 1
Rev. 12/22

FEB 1 2024 **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

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	Richard K + Mary E Lucente	3010 Homewood Dr	Lorain, Ohio 44055
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person 440-654-3997 ricklucente1951@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	
010000013006		44401 Hanover RD Jewett, Ohio	
7. Principal use of property Agriculture + Hunting			
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
010000013006	Building Shed 7,843.90	* 11,060.00	-3,214.10
	Shed on property, cost me \$6,800 new shed I purchased same size in 9-5-23 7,843.90		

9. The requested change in value is justified for the following reasons:
This is a shed on property with equipment. \$6,800.00
12x32' shed cost 7,843.90 in 9/5/23 shed cost less than
this one I bought same size, \$6,800'

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

11,060.00
shed 6,800.00
cost 4,260.00

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 1-27-24 Complainant or agent (printed) Richard Lucente Title (if agent) owner

Complainant or agent (signature) Richard Lucente

Sworn to and signed in my presence, this 27th day of JANUARY 2024
(Date) (Month) (Year)

Notary Teresa Kopa



TERESA KOPA
Notary Public, State of Ohio
Lorain County
My Commission Expires
10/3/24

RECEIVED
HARRISON COUNTY

Tax year 2023

BOR no. 3402
23-30

RECEIVED
HARRISON COUNTY
Rev. 12/22

County Harrison

Date received FEB 08 2024

FEB 1 2024

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

ALLISON M. ANDERSON
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	Brenda S. Nobile	1100 E. Market St	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person			
740-491-2420		brendar13@frontier.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	
050001179000		1100 E. Market St Cadiz Oh	
7. Principal use of property <u>Homestead</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
050001179000	50,000	66,910	16,910
9. The requested change in value is justified for the following reasons: <u>Due to being a senior and living on fixed income</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 2/1/24 Complainant or agent (printed) Brenda S. Nobile Title (if agent) _____

Complainant or agent (signature) Brenda S. Nobile

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

Notary Renee Reese

FEB 1 2024 Tax year 2023 BOR no. 3402 23-31
County Harrison Date received 2-1-24

ALLISON M. ANDERSON

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	RUSSELL L + MARGARET BYERS		208 E main Jewett Ohio 43926
2) Complainant if not owner			
3) Complainant's agent			
4) Telephone number of contact person			
5) Email address of complainant <u>MARG. SCHICK@PROUDERS.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>240000272000</u>		<u>206 EAST MAIN ST</u>	
<u>240000173000</u>		<u>210 EAST MAIN ST</u>	
8) Indicate the reason for this complaint:			
<input checked="" 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 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
<u>272</u>			
<u>240000272000</u>	<u>500</u>		
<u>240000173000</u>	<u>500</u>		

10) The requested change is justified for the following reasons: Both lots are on main ST Jewett old neighbor hood - floods by old homes. No way would anyone buy them. Water lines not hooked up. Not right to charge by lot size unless

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 Jan 22 2024 Complainant or agent Margaret Byers Title (if agent) owner
Sworn to and signed in my presence, this 1st day of Feb
Notary Mary Jane Blake



RECEIVED
HARRISON COUNTY

FEB 2 2024

Tax year 2023
County Harrison

BOR no. 3402
23-32
Date received _____

DTE 1
Rev. 12/22

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>Eli Yoder</u>	<u>17900 Scott Hill Rd. Greer SC 29615</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>170000226003</u>	<u>195740</u>	<u>297820</u>	<u>-102,080</u>
<u>17000022602</u>	<u>80,000</u>	<u>102360</u>	<u>-22,360</u>
9. The requested change in value is justified for the following reasons: <u>Building value too high missing 1 Barn</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 2-2-24 Complainant or agent (printed) Eli Yoder Title (if agent) owner

Complainant or agent (signature) Eli Yoder

Sworn to and signed in my presence, this 2nd day of Feb. 2024

Notary Mary Jane Blake



FEB 09 2024

Tax year 2023 BOR no. 23-33

DTE 1M
Rev. 02/19

ALLISON M. ANDERSON, Auditor County Harrison Date received _____

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.

Name		Street address, City, State, ZIP code	
1. Owner of home	Ronnie Connie Miller	25407 McCoy Rd Freeport OH 43923	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number of contact person	740.630.3904		
5. Email address of complainant	Austindavid@windstream.net		
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		
090000525001	31900 Campbell Rd Freeport OH 43923		
8. Principal use of home	SECOND HOME		
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
090000525001	Total 52770	Total 83910	31,140
10. The requested change in value is justified for the following reasons: NO improvements on this mobile home. NO changes from prior year / no changes to 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
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 _____ Complainant or agent _____ Title (if agent) _____

Sworn to and signed in my presence, this 25th day of January year 2024



Signature _____

Tax year 2023 BOR no. 3402-23-34 RECEIVED HARRISON COUNTY Rev. 08/21
 County Harrison Date received FEB 12 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 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	Equitable Savings & Loan Co	114 S Main St., Cadiz, OH 43907-1128
2. Complainant if not owner		
3. Complainant's agent	Darla M. Monteleone	114 S Main St., Cadiz, OH 43907-1128
4. Telephone number of contact person	740-942-2092	
5. Email address of complainant	dmonteleone@equitable-savings.com	
6. Complainant's relationship to property, if not owner	President/CEO	

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

7. Parcel numbers from tax bill	Address of property
050000811000	Charleston & E Market St., Cadiz, OH 43907

8. Principal use of property

9. 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

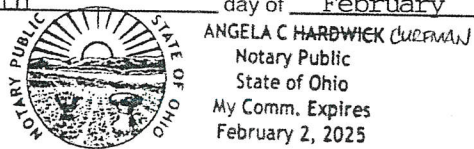
10. The requested change in value is justified for the following reasons:
 This property was sold to the Clark Gable Foundation in 2020 . I just realized that we have been paying the real estate taxes on this property after we sold it. I am requesting a refund of the property taxes that were paid by us in 2021 and 2022.

11. Was property sold within the last three years? Yes No Unknown If yes, show date of sale 2020 and sale price \$ _____ ; and attach information explained in "Instructions for Line 11" on back.
12. 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. 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
15. 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.

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 02/08/2024 Complainant or agent Darla M Monteleone Signature _____ Title (if agent) President/CEO
 Sworn to and signed in my presence, this 8th day of February year 2024

Notary Angela Curdman Signature _____



RECEIVED
HARRISON COUNTY

Tax year 2023 BOR no. 3102-23-35
County HARRISON Date received _____

DTE 1
Rev. 12/22

FEB 9 2024 **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

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		BARBARA A. THOMPSON		42445 Jewett-Sci8 Rd, Jewett, OH 43986	
2. Complainant if not owner					
3. Complainant's agent					
4. Telephone number and email address of contact person 740-946-6171					
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		
130161	\$500.	\$12430.	\$11930.		
240000342000	\$4000.	\$18200	\$14200.		
9. The requested change in value is justified for the following reasons: NO IMPROVEMENTS					

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 2-9-24 Complainant or agent (printed) BARBARA THOMPSON Title (if agent) OWNER

Complainant or agent (signature) Barbara Thompson

Sworn to and signed in my presence, this 9th day of Feb 24
(Date) (Month) (Year)

Notary Mary Jane Blake



Tax year 2023 BOR no. 4101-23-36
 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>Elizabeth Jones</u>	<u>49600 Foxcroft Rd - Calif, 94397</u>	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person <u>1-740-576-4115 - P.O. Box 11 - Adena, O. 43901 Please Call</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 <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
<u>25000022900</u>	<u>75,000.00</u>	<u>135,150.00</u>	<u>60,150.00</u>
9. The requested change in value is justified for the following reasons: <u>Realtor said I could get 75,000.00 I would like to have it reassessed</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 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.
- 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 2-12-2024 Complainant or agent (printed) Elizabeth Jones Title (if agent) _____

Complainant or agent (signature) Elizabeth Jones

Sworn to and signed in my presence, this 12th day of Feb 2024

Notary Mary Jane Blake



RECEIVED
HARRISON COUNTY

FEB 12 2024

Tax year 2023 BOR no. 3402-23-37
County HARRISON Date received _____

DTE 1M
Rev. 02/19

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

Original complaint Counter complaint

Notices will be sent only to those named below.

Name		Street address, City, State, ZIP code	
1. Owner of home	JOHN KENNEDY & CAROLE MROSKY		39395 DEERSVILLE RIDGE RD C6012 43907
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number of contact person <u>1-740-942-2139</u>			
5. Email address of complainant <u>NA</u>			
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		
<u>04-0073,999999</u>	<u>39395 DEERSVILLE RIDGE RD C6012 OFF# 43907</u>		
8. Principal use of home <u>HUNTERS CABIN AND CAMPER</u>			
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
<u>04-0073-999999</u>	<u>62000.00?</u>	<u>15,440.00</u>	<u>13,440.00</u>
10. The requested change in value is justified for the following reasons: <u>THE TRAILER HAS VERY LITTLE VALUE. WE WOULDN'T BE ABLE TO GIVE IT AWAY IT WOULD COST MORE TO MOVE IT THAN IT WORTH.</u>			

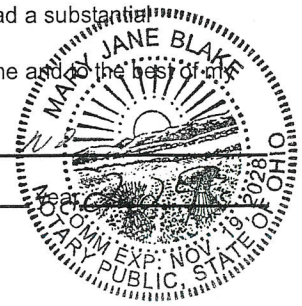
11. Was home sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ _____ ; and attach information explained in "Instructions for Line 11" on back.
12. If home was not sold but was listed for sale in the last three years, attach a copy of listing agreement 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
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 2-12-24 Complainant or agent John Kennedy Title (if agent) _____
Signature

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

Notary M. J. Blake
Signature



FEB 22 2024

Tax year 2023 BOR no. 3401-2338
County Harrison Date received Feb 22 2024

DTE 1
Rev. 12/22

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	MARK J. Palmer	89335 OAK HILL RD Uhrichsville ohio 44683	
2. Complainant if not owner	—	—	
3. Complainant's agent	—	—	
4. Telephone number and email address of contact person 330-407-0181			
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	
150000264000		89345 OAK HILL RD Uhrichsville oh 44683	
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
150000264000	\$ - 0 -	\$14,540	-\$ 14,540
15000026000	\$ - 0 -	\$14,550	-\$ 14,550
9. The requested change in value is justified for the following reasons: Large PINE Tree 100' TALL TREE Fell ON ROOF (CRUSHED)			

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.

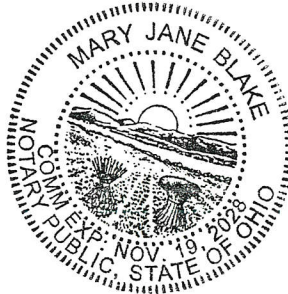
I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date Feb-22-2024 Complainant or agent (printed) MARK J Palmer Title (if agent) OWNER

Complainant or agent (signature) *Mark J Palmer*

Sworn to and signed in my presence, this 22nd day of Feb 2024
(Date) (Month) (Year)

Notary *M J Blake*



RECEIVED

HARRISON COUNTY
Rev. 12/22

Tax year 2023

BOR no. 3401-2339

County HARRISON

Date received FEB 12 2024 FEB 12 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.

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.

ALLISON M. ANDERSON
AUDITOR

	Name	Street address, City, State, ZIP code	
1. Owner of property	Richard P. MARB	11315 WELTON RD NE BOLIVAR OH. 4461	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person 330-246-4369 Rickmango1952@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		
1600000 32000	Water Alley Bowerston OH.		
1600000 51001	Water Alley Bowerston OH.		
1600000 33000	Water Alley Bowerston OH.		
7. Principal use of property VACANT LAND WITH COUPLE OLD BUILDINGS			
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
1600000 32000			
1600000 51001	5,000.00	8,480.00	- 3,480.00
1600000 33000	600.00	600.00	
	7,000.00	19,660.00	-12,660.00
9. The requested change in value is justified for the following reasons: All six parcel Flood w build able - 1 parcel HAS building on it that was never on A taxes in last 20 yrs. Also has Right way beneath Property - that can be build over			

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.

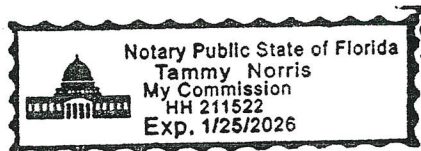
Date 2-06-24 Complainant or agent (printed) Richard P. MARGY Title (if agent) _____

Complainant or agent (signature) *Richard P. Margy*

Sworn to and signed in my presence, this 2/6/2024 day of _____ (Date) _____ (Month) _____ (Year)

Notary *Tammy Norris*

State of Florida
County of Bay
Subscribed and sworn to before me this
6 day of February, 2024
Richard P. Margy
Tammy Norris, Notary Public
EXPIRATION DATE January 25, 2026



RECEIVED

Tax year 2023

BOR no. 3402-2340 HARRISON COUNTY Rev. 12/22

County Harrison

Date received Feb 21 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.

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.

ALISON M. ANDERSON
AUDITOR

	Name	Street address, City, State, ZIP code
1. Owner of property	Becky J. Dillman	37563 Brushy Fork Road
2. Complainant if not owner		
3. Complainant's agent		
4. Telephone number and email address of contact person 330-696-1648		
5. Complainant's relationship to property, if not owner		

Cadiz Ohio 43907

If more than one parcel is included, see "Multiple Parcels" Instruction.

6. Parcel numbers from tax bill	Address of property
220000216007	37563 Brushy Fork Road Cadiz Ohio

43907

7. Principal use of property farm, personal residence

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
220000216007	\$5000.00	\$11,680.00	-\$6680.00

9. The requested change in value is justified for the following reasons:
16x24 building listed as cabin is actually a pole barn built to house goats. We built it ourselves and the cost was approximately \$4500.00. Dwelling also has a deck on the rear side, partially covered but open on all sides.

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 2-21-2024 Complainant or agent (printed) Becky J. Dillman Title (if agent) _____

Complainant or agent (signature) Becky J. Dillman Becky J. Dillman

Sworn to and signed in my presence, this 21st day of Feb 2024
(Date) (Month) (Year)

Notary Mary Jane Blake

