

Tax year _____ BOR no. 3402-2395

County Harrison Date received _____

MAR 27 2024

Complaint Against the Assessment of Real Property Other than Market Value

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

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code
1) Owner of property	<u>Liggett Enterprises Ltd</u>	<u>242 Jade Cir. Canfield, OH 44406</u>
2) Complainant if not owner	<u>N/A</u>	
3) Complainant's agent	<u>Charles L. Kidder Esq.</u>	<u>131 W. Market St, Cadiz, OH 43907</u>
4) Telephone number of contact person	<u>C. Kidder 614 256 6068</u>	
5) Email address of complainant	<u>ewagner242@gmail.com</u>	
6) Complainant's relationship to property, if not owner	<u>N/A</u>	

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>01-0000177.000</u>	<u>171.12</u>	<u>TR 244 Lane off CR 49</u>

8) Indicate the reason for this complaint:

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

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

Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value

10) The requested change is justified for the following reasons: A significant percentage of this parcel is used exclusively for agricultural purposes. Additional information will be submitted

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 March 27, 2024 Complainant or agent Chris Swain Title (if agent) Pres

Sworn to and signed in my presence, this 27 day of March year 2024
Notary Annette Moore Signature



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

Tax year 2023
County HARRISON

BOR no. 3402-2396
Date received MAR 28 2024

Complaint Against the Assessment of Real Property Other than Market Value

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

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

ALLISON M. ANDERSON
AUDITOR

1) Owner of property	Hochstetler Family Retreat, LLC		11682 Western Rd, Apple Creek, OH 44606
2) Complainant if not owner	N/A		
3) Complainant's agent	Charles L. Kidder, Esq.		131 W. Market St, Cadiz, OH 43907
4) Telephone number of contact person	C. Kidder 614 256 6068		
5) Email address of complainant	paul@woodlandmaterials.com		
6) Complainant's relationship to property, if not owner	N/A		
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	
See Exhibit A attached			
8) Indicate the reason for this complaint:			
<input type="checkbox"/> The classification of property under RC 5713.041. <input type="checkbox"/> The classification of property under RC 319.302. <input checked="" 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

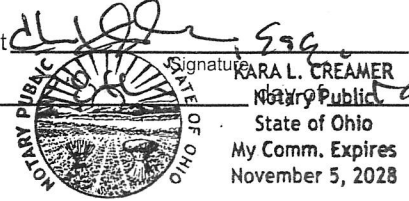
10) The requested change is justified for the following reasons: See Exhibit B attached + other exhibits attached

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 MARCH 28, 2024 Complainant or agent [Signature] Title (if agent) ATTORNEY AT LAW

Sworn to and signed in my presence, this [Signature] year 2024
 Notary Kara L. Creamer
 Signature



Tax year 2023
County HARRISON

BOR no. 3/02-2397
Date received MAR 28 2024

RECEIVED
HARRISON COUNTY

DTE 2
Rev. 12/22

Complaint Against the Assessment of Real Property Other than Market Value

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

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

1) Owner of property	<u>Rock Ridge Properties, Inc</u>	<u>66400 Airport Road St. Clairsville, OH 4396</u>
2) Complainant if not owner		
3) Complainant's agent	<u>Charles L. Kindes, Esq</u>	<u>131 W. Market Street, Can. 20143907</u>
4) Telephone number of contact person	<u>C. Kindes - 614-256-6069</u>	
5) Email address of complainant	<u>ck Kindes @ KindesLegal.com</u>	
6) Complainant's relationship to property, if not owner	<u>N/A</u>	

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>See Attached Exhibit A</u>		

8) Indicate the reason for this complaint:

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

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

Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value

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

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 March 28 2024 Complainant or agent [Signature] Title (if agent) ATTORNEY AT LAW

Sworn to and signed in my presence, this 28th day of MARCH year 2024

Notary Kara L. Creamer
Signature



KARA L. CREAMER
Notary Public
State of Ohio

Tax year 2023 BOR no. 3402-2378 MAR 28 2024 DTE 2 Rev. 12/22
County HARRISON Date received _____

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	<u>OASIS TAG Holdings, LLC</u>	<u>P.O. Box 2, Morristown, OH 43759</u>	
2) Complainant if not owner			
3) Complainant's agent	<u>Charles L. Kordes, Esq.</u>	<u>131 W. Market Street, Can. 20 #43907</u>	
4) Telephone number of contact person	<u>C. Kordes - 614-256-6068</u>		
5) Email address of complainant	<u>ck.kordes@k-kordeslegal.com</u>		
6) Complainant's relationship to property, if not owner	<u>N/A</u>		
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>See Attached Exhibit A</u>			
8) Indicate the reason for this complaint:			
<input type="checkbox"/> The classification of property under RC 5713.041. <input type="checkbox"/> The classification of property under RC 319.302. <input type="checkbox"/> The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35. <input checked="" 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

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

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 March 28 2024 Complainant or agent [Signature] Title (if agent) ATTORNEY AT LAW

Sworn to and signed in my presence, this 28th day of MARCH year 2024

Notary Kara L. Creamer
Signature



KARA L. CREAMER
Notary Public
State of Ohio
My Comm. Expires

Tax year 2023

BOR no. 3402-2399

MAR 28 2024

DTE 2
Rev. 12/22

County HARRISON

Date received _____

ALLISON M. ANDERSON
AUDITOR

Complaint Against the Assessment of Real Property Other than Market Value

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

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1) Owner of property	<u>OPASIS TRACH, LLC</u>	<u>P.O. Box 2, MORTON TOWN, OH 43759</u>	
2) Complainant if not owner			
3) Complainant's agent	<u>CHARLES L. KINDER, ESQ.</u>	<u>131 W. MARKET STREET, CANTON, OH 43907</u>	
4) Telephone number of contact person	<u>C. KINDER - 614-256-6068</u>		
5) Email address of complainant	<u>CK.KINDER@K-KINDERLEGAL.COM</u>		
6) Complainant's relationship to property, if not owner	<u>N/A</u>		
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>See Attached Exhibit A</u>			
8) Indicate the reason for this complaint:			
<input type="checkbox"/> The classification of property under RC 5713.041. <input type="checkbox"/> The classification of property under RC 319.302. <input type="checkbox"/> The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35. <input checked="" 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

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

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 March 28, 2024 Complainant or agent [Signature] Title (if agent) ATTORNEY AT LAW

Sworn to and signed in my presence, this 28th day of MARCH year 2024

Notary Kara L. Creamer
Signature



KARA L. CREAMER
Notary Public
State of Ohio
My Comm. Expires

MAR 28 2024

DTE 2
Rev. 12/22

Tax year 2023 BOR no. 3402-23100

County HARRISON Date received ALLISON M. ANDERSON
AUDITOR

Complaint Against the Assessment of Real Property Other than Market Value

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

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

	Name	Street address, City, State, ZIP code
1) Owner of property	<u>HIGH HILL HOLDINGS, LLC</u>	<u>63568 Country Home Road, Loveland, OH 43175</u>
2) Complainant if not owner		
3) Complainant's agent	<u>CHARLES L. KIDDES, ESQ.</u>	<u>131 W. MARKET STREET, CANTON, OH 43004</u>
4) Telephone number of contact person	<u>C. KIDDES - 614-256-6068</u>	
5) Email address of complainant	<u>ck.kiddes@k.kiddeslegal.com</u>	
6) Complainant's relationship to property, if not owner	<u>N/A</u>	
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>See Attached Exhibit A</u>		

8) Indicate the reason for this complaint:

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

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

Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value

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

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 March 28, 2024 Complainant or agent [Signature] Title (if agent) ATTORNEY AT LAW

Sworn to and signed in my presence, this 28th day of MARCH year 2024
Notary Kara L. Creamer Signature



KARA L. CREAMER
Notary Public
State of Ohio
My Comm. Expires
November 5, 2028

Tax year 2023

BOR no. 3402-18 23101 MAR 28 2024

DTE 2
Rev. 12/22

County HARRISON

Date received _____

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	Eagle Creek Farm Properties LLC	66400 Antport Road, St. Clairsville, OH 43085
2) Complainant if not owner		
3) Complainant's agent	Charles L. Kinder, Esq.	131 W. Market Street, Can. 20 #4307
4) Telephone number of contact person	C. Kinder - 614-256-6068	
5) Email address of complainant	ck.kinder@kinderlegal.com	
6) Complainant's relationship to property, if not owner	N/A	

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
See Attached Exhibit A		

8) Indicate the reason for this complaint:

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

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

Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value

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

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 March 28 2024 Complainant or agent [Signature] Title (if agent) ATTORNEY AT LAW

Sworn to and signed in my presence, this 28th day of MARCH year 2024

Notary Kara L. Creamer
Signature



KARA L. CREAMER
Notary Public
State of Ohio



3402-23102

Tax year 2023 BOR no. _____ RECEIVED DTE 1 Rev. 12/22
County HARRISON Date received _____ HARRISON COUNTY

Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before completing form. MAP 28 2024

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	JAMES MCCORMICK	3011 CLINTON RD. CLINTON OHIO 44216	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person 330 882 3918 JIMEMAL58@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	
170000799001		RG TIO 528 4.160 A LAKE RIDGE RD. PIEDMONT	
7. Principal use of property RECREATION			
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
170000799001	27,400	42,630	-15,230
9. The requested change in value is justified for the following reasons: THIS PROPERTY IS A WOODEN DRAINAGE RAVINE WITH (2) CULVERTS CULVERTS DRAINING FROM LAKE RIDGE RD. TO PIEDMONT LAKE.			

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

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

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

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

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

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

Date 3/28/24 Complainant or agent (printed) JAMES MCCORMICK Title (if agent) _____

Complainant or agent (signature) *James McCormick*

Sworn to and signed in my presence, this 28th day of March 2024

Notary *Mary Jane Blake*



Tax year 2023 BOR no. 3402 23/04
County HARRISON Date received MAR 28 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. **ALISON 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	BARRY EASTERLING		6
2. Complainant if not owner	38765 GONDY RIDGE RD		
3. Complainant's agent	SCIO, OH		43988
4. Telephone number and email address of contact person			
330-283-6359 BARRY.EASTERLING@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	
200050 142000		SAME AS ABOVE	
166000			
141000		200000 128000	
7. Principal use of property <u>MY RESIDENCE WHERE I LIVE</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
9. The requested change in value is justified for the following reasons: <u>I AM REQUESTING A HEARING OR ABILITY TO TALK TO THE APPRAISER, THE DATA OF BUILDINGS IS WRONG</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 \$ 0

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

I CANT ADDRESS THE INCREASE IN VALUE + TAXES UNTIL WE GET THE BUILDINGS ON THE PROPERTY CORRECT FIRST. 2022 + 2023 PRINT =>

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 28 MAR 24 Complainant or agent (printed) BARRY EASTERLING Title (if agent) OWNER

Complainant or agent (signature) [Signature]

Sworn to and signed in my presence, this 28th day of March 2024

Notary [Signature]



I AM REQUESTING A MEETING/HEARING TO DISCUSS SEVERAL ERRORS REGARDING BUILDINGS ON MY PROPERTY AND THEM AFTER THAT, DISCUSS THE VALUATION LEVELS & REASONS FOR THE LARGE INCREASE FOR 2023 TAX BILL,

Tax year 2024

BOR no. 3402-23105

MAR 29 2024

DTE 2
Rev. 12/22

County Harrison

Date received _____

ALLISON M. ANDERSON
AUDITOR

Complaint Against the Assessment of Real Property Other than Market Value

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

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1) Owner of property	Levi Yoder	11914 Cunningham Rd Apple Creek OH 44606	
2) Complainant if not owner			
3) Complainant's agent			
4) Telephone number of contact person			
5) Email address of complainant			
6) Complainant's relationship to property, if not owner			
If more than one parcel number is included, see "Multiple Parcels" on back			
7) Parcel number from tax bill	# Acres, if applicable	Address of property	
020000222001	0.95		
020000159011	52.04		
8) Indicate the reason for this complaint:			
<input type="checkbox"/> The classification of property under RC 5713.041. <input type="checkbox"/> The classification of property under RC 319.302. <input checked="" 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

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

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 3-27-24 Complainant or agent Levi Yoder Title (if agent) _____

Sworn to and signed in my presence, this _____ year 2024

Notary Debi Schuefler
Signature



Signature Debi Schuefler
NOTARY PUBLIC, OHIO
MY COMMISSION EXPIRES
01-18-2026