

Tax year \_\_\_\_\_

BOR no. 4101-2701

RECEIVED  
HARRISON COUNTY  
Rev. 12/22

County \_\_\_\_\_

Date received \_\_\_\_\_

### Complaint Against the Valuation of Real Property OCT - 4 2024

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

Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use **ALDISON M ANDERSON**

Original complaint  Counter complaint

**ANDERSON**  
AUDITOR

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1. Owner of property	<u>Douglas Selsick Trustee</u>	<u>73959 Morgan Hill Rd Ableson OH 43901</u>	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person <u>740-391-9407 dougselsick@yahoo.com</u>			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill	Address of property		
<u>25-0024</u>			
7. Principal use of property <u>VACANT LAND</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>25-0024</u>	<u>0</u>	<u>—</u>	<u>—</u>
9. The requested change in value is justified for the following reasons: <u>See Letter Attached.</u> <u>I do not think I should be responsible for back Tax for Trailer</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

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HARRISON COUNTY

JAN 23 2025

Tax year 2024 BOR no. 4101-2702

DTE 2  
Rev. 12/22

ALLISON M. ANDERSON Harrison Co. Date received 1-16-25

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.

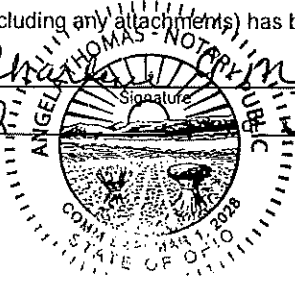
	Name	Street address, City, State, ZIP code	
1) Owner of property	Dorothy Emma Flower Trust	70777 Crescent Rd St. Clairsville OH 43952	
2) Complainant if not owner	Charlene Miller Trustee	" " "	
3) Complainant's agent			
4) Telephone number of contact person	740-310-7890		
5) Email address of complainant	charmil57@aol.com		
6) Complainant's relationship to property, if not owner	trustee (Daughter of Dorothy Flower Trust)		
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	
25-000030.00	8.3	Mirc Ridge Rd Adena, OH 43906	
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 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 checked="" type="checkbox"/> Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351. <input type="checkbox"/> The denial of the partial exemption of a qualifying child care center under RC 323.16.			
9) If the complaint is seeking a change in the value of the property, complete line 9. Complainants appealing other issues do not need to complete this line.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value

See attached note!

10) The requested change is justified for the following reasons: Property was removed by my error as I filed out form incorrectly. Did not receive requested letter for Adena that property was removed from CAUV program still receive assessment.

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

I declare under penalty of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct, and complete.  
 Date 1-22-25 Complainant or agent Charlene Miller Title (if agent) \_\_\_\_\_  
 Sworn to and signed in my presence, this 22 January year 2025  
 Notary Angela Thomas Signature



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HARRISON COUNTY

Tax year 2024 BOR no. 3401-2403  
County HARRISON Date received 4-1-24

DTE 1M  
Rev. 02/19

APR 1 2025

### 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	Myron L. Shetter	912 E Front St. Dover Ohio 44622	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number of contact person	330-343-5904		
5. Email address of complainant	myronbigfish@aol.com		
6. Complainant's relationship to home, if not owner			
If more than one home is included, see "Multiple Homes" on back.			
7. Registration number from tax bill	Address of home		
15-0125.999999	89350 Plum Run Rd. Uhrichsville OH 44683		
8. Principal use of home	Storage		
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
15-0125.999999	6,000	1200	6,000
10. The requested change in value is justified for the following reasons: This is an old house trailer. Its value is not \$22,870. That is unrealistic. They depreciate in value. The increase from \$17.32 to \$319.36 is unfair.			

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 4-1-24 Complainant or agent Myron L. Shetter Title (if agent) \_\_\_\_\_

Sworn to and signed in my presence, this 1st day of April, 2024 year 2024

Notary Diane Renee Bagaglio Signature Diane Renee Bagaglio Notary Public, State of Ohio My Commission Expires MAR. 1, 2028

Tax year 2023 - 2024

BOR no. 3402-2404

County HARRISON

Date received 4-1-24

APR 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.

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	<u>The Country Pub</u>	<u>118 E MAIN ST SciO, OH 43988</u>	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person			
<u>John Keadle 740-255-2350 boxKicker1987@gmail.com</u>			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property	
<u>21000056800</u>		<u>Lot 17 PT E MAIN ST SCIO, OH 43988</u>	
7. Principal use of property			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>21000056800</u>	<u>NO IDEA</u>	<u>88,710.00</u>	<u>—————</u>
9. The requested change in value is justified for the following reasons: <u>I Feel the building is not worth the current value.</u>			

10. Was property sold within the last three years?  Yes  No  Unknown If yes, show date of sale 12/30/2021 and sale price \$ 100,000 ; and attach information explained in "Instructions for Line 10" on back.

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

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

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

Mary Jane 740-942-8861

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HARRISON COUNTY  
Rev. 12/22

Tax year 2023/2024 BOR no. 3402-2405  
County HARRISON Date received 4-1-24 APR 1 2024

### Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before filing. 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	JOHN AND JENNIFER KEADLE	83825 MERRAMAN RD CADIZ, OH	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person			
JOHN 740-255-2350 boxkicker1987@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	
29-000086.000		83825 MERRAMAN RD CADIZ, OH 43907	
7. Principal use of property <u>OUR 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
29-000086	Do not Agree		
9. The requested change in value is justified for the following reasons: <u>Do not believe our home is worth the value since it is a doublewide.</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

Tax year 2016-2022 BOR no. 3402-2406 RECEIVED DTE 1  
HARRISON COUNTY  
 County HARRISON Date received 6-2-24 12/22  
 JUN - 2 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		Wayne & Kathleen Wasara 336 Inwood Blvd Avon Lake OH 44012	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person			
440 930 2870 Kathleen.wasara@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	
26-0000232.001		47745 Stumptown Rd Cadiz OH 43907	
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
260000232001			
9. The requested change in value is justified for the following reasons: Overpayment of erroneously billed tax evaluation. Please 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 \_\_\_\_\_ and total cost \$ \_\_\_\_\_.
13. Do you intend to present the testimony or report of a professional appraiser?  Yes  No  Unknown

#3402-2407

1,700  
7

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HARRISON COUNTY  
DTE 1  
Rev. 12/22

Tax year 2023

BOR no. 0.37

County Harrison

Date received 1-10-2024

### Complaint Against the Valuation of Real Property

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

ALISON M. ANDERSON  
AUDITOR

Name		Street address, City, State, ZIP code	
1. Owner of property		William D. Seward 176 S. Linden Rd Apt. #1	
2. Complainant if not owner		Mansfield OH 44906	
3. Complainant's agent			
4. Telephone number and email address of contact person			
Home 567-560-3641 Cell 567-359-0528 No E Mail Address			
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	
220000306000		Hamilton Ridge Rd	
220000307000		Hamilton Ridge Rd	
7. Principal use of property <u>Camping</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
220000306000	4,300.00	Appraised 7,030	2,730
220000307000	2,800.00	Appraised 5,290	2,490
9. The requested change in value is justified for the following reasons:			
This property is not large enough for septic or a well it is just a camp site on the side of a hill I bring water from home I used outhouse near			

poor

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

An I had Home stade from 2004 Last year check # 5010 was 17.60 This is not a home site

Tax year \_\_\_\_\_ BOR no. 3402-2408 AUG 28 2024 DTE 12/22  
 County \_\_\_\_\_ Date received \_\_\_\_\_

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

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

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>Jeri Y. Luyster (sable)</u>	<u>226 N. High St. Freeport, Ohio</u>	
2. Complainant if not owner		<u>43973</u>	
3. Complainant's agent			
4. Telephone number and email address of contact person			
<u>740-359-4557 jeri.luyster@yahoo.com</u>			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" instruction.			
6. Parcel numbers from tax bill		Address of property	
<u>100000103000</u>		<u>226 N. High St. Freeport, Ohio 43973</u>	
7. Principal use of property <u>Residence where I reside.</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>Price exceeding what I feel is correct for the land I reside. I feel taxes exceeded what is normal for 6 months.</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

No improvements such as building have been added to my property.



Tax year \_\_\_\_\_

BOR no. 3402-2409

RECEIVED

DTE 1  
Rev. 12/22

County \_\_\_\_\_

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.

Attach additional pages if necessary.

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

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

ALLISON M. ANDERSON  
AUDITOR

AUG 5 2024

	Name	Street address, City, State, ZIP code
1. Owner of property	Braxton Minerals LLC	4656 Palencia Dr, Ft Worth, TX 76112
2. Complainant if not owner	CO GE, Dale, Bayou Vista	
3. Complainant's agent	Angela Butler	same
4. Telephone number and email address of contact person 210.323.2855    angela@twosixalpha.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
090000232201	R7 T11 S35 57.742A

7. Principal use of property partial mineral estate

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
090000232201	0	0 *previously assessed value is a issue.	0

9. The requested change in value is justified for the following reasons:  
this account was created and assessed in error. Braxton Minerals and partners purchased 30% of the minerals and the surface owner Rodney Beckbrader retain and still own 70% of the minerals.

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

3402-2410

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HARRISON COUNTY

DTE 1M  
Rev. 02/19

Tax year \_\_\_\_\_ BOR no. \_\_\_\_\_  
County \_\_\_\_\_ Date received AUG 8 2024

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

ALISON 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	Josh Cochran	518 Olive Ave	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number of contact person	740-391-3520		
5. Email address of complainant	joshcochran1102@gmail.com		
6. Complainant's relationship to home, if not owner	If more than one home is included, see "Multiple Homes" on back.		
7. Registration number from tax bill	Address of home		
29-0078	04-0000278.000		
8. Principal use of home	Sold for storage unit 15 years +		
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
29-0078	<del>1000</del>	1000	1000
10. The requested change in value is justified for the following reasons: No longer owned as of 2009.			

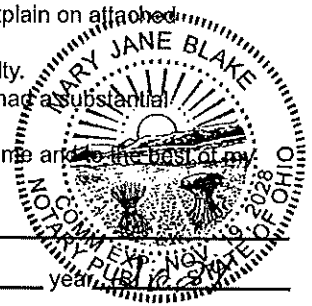
11. Was home sold within the last three years?  Yes  No  Unknown If yes, show date of sale \_\_\_\_\_ and sale price \$ \_\_\_\_\_ ; and attach information explained in "Instructions for Line 11" on back.
12. If home was not sold but was listed for sale in the last three years, attach a copy of listing 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 8/9/24 Complainant or agent Josh Cochran Title (if agent) \_\_\_\_\_  
Signature \_\_\_\_\_

Sworn to and signed in my presence, this 9th day of Aug year \_\_\_\_\_

Notary Mary Jane Blake  
Signature \_\_\_\_\_



M/H Parcel - 22-0073

RECEIVED  
HARRISON COUNTY

JAN 30 2025

Tax year \_\_\_\_\_ BOR no. 3402-2411  
County \_\_\_\_\_ Date received \_\_\_\_\_

DTE 1  
Rev. 12/22

### Complaint Against the Valuation of Real Property

ALLISON W. ANDERSON  
AUDITOR  
Please 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		Michael Markovich	81915 Ourant Rd Cadiz
2. Complainant if not owner			43907
3. Complainant's agent			
4. Telephone number and email address of contact person (740) 391-3742 a.markovich930@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	
<del> </del>		<del> </del>	
<del> </del>		<del> </del>	
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
	0	11,990	- 11,990
9. The requested change in value is justified for the following reasons:  Storage only			

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 NA and total cost \$ \_\_\_\_\_

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

FEB 3 2025

Tax year \_\_\_\_\_ BOR no. 3401-2412  
County \_\_\_\_\_ Date received \_\_\_\_\_

DTE 1  
Rev. 12/22

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

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

**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	<u>Jeffery &amp; Diosi</u>	<u>1574 TREMONT ST. DOVER, OH 44622</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>15-0000080.007</u>	<u>Worth \$0.00 dollars</u>	<u>\$2,830.<sup>00</sup></u>	<u>-\$2,830.<sup>00</sup></u>
9. The requested change in value is justified for the following reasons: <u>ROOF PARTIALLY GONE - ROTTED - UNUSED</u>			

10. Was property sold within the last three years?  Yes  No  Unknown If yes, show date of sale OCT. 2023  
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

FEB 5 2025

**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 Attach additional pages if necessary.

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

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

1. Owner of property		Name		Street address, City, State, ZIP code	
2. Complainant if not owner		STEVE STRANGE		48390 Fox Bottom Rd	
3. Complainant's agent		ANA WAWKA STRANGE		CANTON, OHIO 43907	
4. Telephone number of contact person		740-546-9122			
5. Email address of complainant					
6. Complainant's relationship to property, if not owner					
If more than one parcel is included, see "Multiple Parcels" on back.					
7. Parcel numbers from tax bill			Address of property		
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		
2600000000	10,500	97,000			
2600005000	?	?			
10. The requested change in value is justified for the following reasons:					
WRONG FOR LAST 4 OR 5 YEARS					

11. 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 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 2-25 Complainant or agent Steve Strange Title (if agent) \_\_\_\_\_  
Signature \_\_\_\_\_

Sworn and signed in my presence, this 05 day of February year 2025

Notary \_\_\_\_\_  
Signature \_\_\_\_\_



FEB 5 2025

Tax year \_\_\_\_\_ BOR no. 3401-2414

DTE 1  
Rev. 12/22

County \_\_\_\_\_ Date received \_\_\_\_\_

### Complaint Against the Valuation of Real Property

ALLISON M. ANDERSON  
AUDITOR  
Read 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.

	<b>Name</b>	<b>Street address, City, State, ZIP code</b>	
1. Owner of property	Beverly R Webber	540 Busby Drive, Bowerston OH 44695	
2. Complainant if not owner	Justin T Webber	2257 Pyle Rd, Dover OH, 44622	
3. Complainant's agent			
4. Telephone number and email address of contact person 330-407-6583      Justin.Webber2019@gmail.com			
5. Complainant's relationship to property, if not owner      Grandmothers Property			
If more than one parcel is included, see "Multiple Parcels" instruction.			
6. Parcel numbers from tax bill		Address of property	
150000981000		90450 Plum Run Rd, Bowerston OH, 44695	
7. Principal use of property      Residence / Currently Uninhabited			
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
150000981000	75000	102860	27862
9. The requested change in value is justified for the following reasons: Attached Appraisal, declining condition of property			

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

FEB 10 2025

Tax year 2024

BOR no. 3402-2415

DTE 1  
Rev. 08/21

County Harrison

Date received \_\_\_\_\_

ALLISON M. ANDERSON  
AUDITOR

**Complaint Against the Valuation of Real Property**

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

Attach additional pages if necessary.

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

Original complaint  Counter complaint

Notices will be sent only to those named below.

Name		Street address, City, State, ZIP code	
1. Owner of property	<u>David + Michele Homier</u>	<u>45125 Cadiz Harrisville Rd</u>	
2. Complainant if not owner		<u>Cadiz OH 43907</u>	
3. Complainant's agent			
4. Telephone number of contact person	<u>734-771-3536</u>		
5. Email address of complainant	<u>michele.k39@yahoo.com</u>		
6. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" on back.			
7. Parcel numbers from tax bill	Address of property		
<u>26 0000473000</u>			
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
<u>260000473000</u>	<u>To be certain of buildings accurately measured and accounted for</u>	<u>273,260</u>	<u>↘</u>
10. The requested change in value is justified for the following reasons: <u>would like have buildings remeasured, picture of more accurate codes of build and incorrect descriptions corrected. Please call To Schedule owner Apt, Thank You</u>			

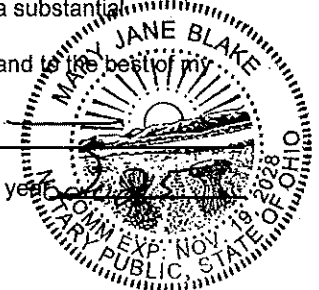
11. Was property sold within the last three years?  Yes  No  Unknown If yes, show date of sale \_\_\_\_\_ and sale price \$ \_\_\_\_\_ ; and attach information explained in "Instructions for Line 11" on back.
12. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
13. If any improvements were completed in the last three years, show date N/A 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 2-10-2025 Complainant or agent Michele Homier Title (if agent) \_\_\_\_\_  
Signature

Sworn to and signed in my presence, this 10th day of Feb year \_\_\_\_\_

Notary M. J. Blake  
Signature



FEB 11 2025

Tax year \_\_\_\_\_ BOR no. 3401-24/6  
County \_\_\_\_\_ 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.

	Name	Street address, City, State, ZIP code	
1. Owner of property	Douglas Everett H	2164 Wolfes Crossing RD SE	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person 330-795-0645			
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	
<del> </del>		<del> </del>	
<del> </del>		<del> </del>	
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
15-0066	0	1000	-1000
15-0000555.000	Change Class		
9. The requested change in value is justified for the following reasons: Destorid 9-24 non Business			

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



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HARRISON COUNTY

FEB 11 2025

Tax year 2025

BOR no. 3402-2417

DTE 1  
Rev 12/22

County Harrison

Date received \_\_\_\_\_

### Complaint Against the Valuation of Real Property

**ALLISON M. ANDERSON**  
AUDITOR

Hand 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			
2. Complainant if not owner		CRAIG BROKAW	38750 GUNDY RIDGE ROAD, SCID, OH
3. Complainant's agent			439
4. Telephone number and email address of contact person 740-945-5441      jbrokaw2@frontier.com			
5. Complainant's relationship to property, if not owner      SPOUSE			
If more than one parcel is included, see "Multiple Parcels" instruction.			
6. Parcel numbers from tax bill		Address of property	
040000186400		OH-HARRISON Co. Cadiz Twp R5 T10 522	
040000103402		OH-HARRISON Co. CADIZ Twp R5 T10 522	
7. Principal use of property      MINERAL RIGHTS			
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
040000186400	\$5,076 <sup>60</sup> / <sub>100</sub>	\$10,583 <sup>70</sup> / <sub>100</sub>	\$5,507 <sup>10</sup> / <sub>100</sub>
040000103402	\$101 <sup>10</sup> / <sub>100</sub>	\$2,525 <sup>10</sup> / <sub>100</sub>	\$2,424 <sup>0</sup> / <sub>100</sub>
9. The requested change in value is justified for the following reasons:  Change in acreage. See attachments.			

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

Tax year \_\_\_\_\_ BOR no. 3402-2418 FEB 18 2025  
County \_\_\_\_\_ 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.

ALBERT M. ANDERSON  
AUDITOR

Name		Street address, City, State, ZIP code	
1. Owner of property	Tom + Stephanie Snyder		43557 Upper Clearfork Rd Coding OH 43907
2. Complainant if not owner	Vicky Snyder (deceased)		
3. Complainant's agent			
4. Telephone number and email address of contact person 740-491-0138      ssnyderhcc@gmail.com			
5. Complainant's relationship to property, if not owner      SON			
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
01-0008.999999	0	2401	-2401
9. The requested change in value is justified for the following reasons: This trailer will be torn down in 2025. No one has lived in it since 2016. Nothing is stored in the trailer either. We received a demogrant and are just awaiting tear down.			

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

COUNTY  
 COUNTY  
 2025  
 2025

Tax year \_\_\_\_\_ BOR no. 3402-2419  
 County \_\_\_\_\_ Date received \_\_\_\_\_

DTE 1  
 Rev. 12/22

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

This form is for full market value complaints only. All other complaints should use DTE Form 2  
 Original complaint  Counter complaint  
 Notices will be sent only to those named below.

1. Owner of property		Name		Street address, City, State, ZIP code	
		Luke Turner		4145 Dutch Ridge Rd Jentt 43786	
2. Complainant if not owner					
3. Complainant's agent					
4. Telephone number and email address of contact person					
702-376-7087 <del>31</del> 31/luke.turner@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		
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		
23-000484.000	\$27,000	\$40,310	33,310		
9. The requested change in value is justified for the following reasons:					
I purchased all the parcels together for \$27,000.					

10. Was property sold within the last three years?  Yes  No  Unknown If yes, show date of sale 2/17/2023  
 and sale price \$ 25,600 ; 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

3401-2420

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HARRISON COUNTY, OH  
Rev. 02/19

Tax year \_\_\_\_\_ BOR no. \_\_\_\_\_

County \_\_\_\_\_ Date received \_\_\_\_\_

FEB 24 2025

### 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.

ALLISON M. ANDERSON  
AUDITOR

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	Richard Best	89995 Baldwin Rd DENNISON OH 44621	
2. Complainant if not owner	Mailing	559 Garfield Ave NW Carrollton OH 44615	
3. Complainant's agent			
4. Telephone number of contact person	330-432-1228		
5. Email address of complainant			
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		
15-0006	89995 Baldwin Rd DENNISON OH 44621		
8. Principal use of 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
15-0006	2,500 - 3,000	15,150	- 12,150
10. The requested change in value is justified for the following reasons: Floors, Walls, Water lines, Windows would need replaced to be livable			

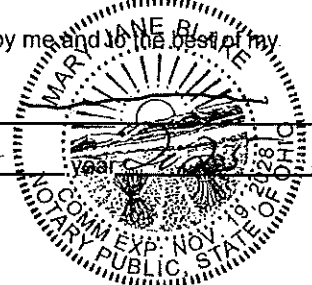
- 11. Was home sold within the last three years?  Yes  No  Unknown If yes, show date of sale \_\_\_\_\_ and sale price \$ \_\_\_\_\_ ; and attach information explained in "Instructions for Line 11" on back.
- 12. If home was not sold but was listed for sale in the last three years, attach a copy of listing 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 2-24-25 Complainant or agent Richard Best Title (if agent) \_\_\_\_\_  
Signature

Sworn to and signed in my presence, this 24th day of Feb

Notary [Signature]  
Signature



Tax year \_\_\_\_\_ BOR no. 3402-24/21 FEB 24 2025 DTE 2 Rev. 12/22  
 County \_\_\_\_\_ 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>DeLeon Family Trust Roger DeLeon</u>		<u>26155 Cadiz-New Athens Rd</u>
2) Complainant if not owner			<u>Cadiz, OH 43907</u>
3) Complainant's agent			
4) Telephone number of contact person	<u>(740) 310-9751</u>		
5) Email address of complainant	<u>redjro4@att.net</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>02-0000388.003</u>	<u>31.57</u>		
8) Indicate the reason for this complaint:			
<input type="checkbox"/> The classification of property under RC 5713.041. <input type="checkbox"/> The classification of property under RC 319.302. <input type="checkbox"/> The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35. <input type="checkbox"/> The valuation of property on the agricultural land tax list. <input type="checkbox"/> Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4). <input checked="" type="checkbox"/> Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351. <input type="checkbox"/> The denial of the partial exemption of a qualifying child care center under RC 323.16.			
9) If the complaint is seeking a change in the value of the property, complete line 9. Complainants appealing other issues do not need to complete this line.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>02-0000388.003</u>	<u>Reinstated to CAUV value</u>		

10) The requested change is justified for the following reasons: didn't receive mail do to change of address request to be put back on CAUV and remove fees

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.

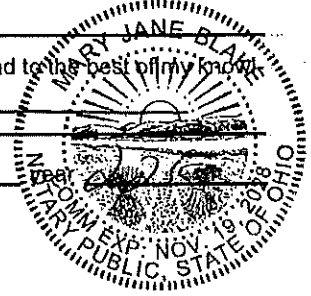
The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

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 2-24-2025 Complainant or agent \_\_\_\_\_ Title (if agent) \_\_\_\_\_  
 Signature

Sworn to and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_  
 Signature

Notary \_\_\_\_\_  
 Signature



Tax year \_\_\_\_\_ BOR no. 3402.2422 Rev. 12/22  
County \_\_\_\_\_ Date received FEB 24 2025

**Complaint Against the Valuation of Real Property**

Answer all questions and type or print all information. Read instructions on back of this 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.

ANDERSON  
AUDITOR

	Name	Street address, City, State, ZIP code	
1. Owner of property	<u>William E. Toker Sr.</u>	<u>47663 Toker Rd. Mapedale, Ohio</u>	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person <u>740-946-5411</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	
<del>_____</del>		<del>_____</del>	
7. Principal use of property <del>_____</del>			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>11-0032</u>	<u>0</u>	<u>11.50</u>	<u>-11.50</u>
9. The requested change in value is justified for the following reasons: <u>Got it for free for frame</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

FEB 24 2025 DTE 2  
Rev. 12/22

Tax year \_\_\_\_\_ BOR no. 4101-2423

County \_\_\_\_\_ 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.

		<b>Name</b>	<b>Street address, City, State, ZIP code</b>
1) Owner of property	Bruce A + Jodee L. Myers		79680 Lantorn Rd Cadiz Ohio
2) Complainant if not owner			
3) Complainant's agent			
4) Telephone number of contact person	740-544-4449		
5) Email address of complainant	none		
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	
260000079001	2	79680 Lantorn Rd Cadiz Ohio	
250000079013	130.0693	"	
250000079002	40.18	"	
240000263002	38.8238	"	
8) Indicate the reason for this complaint:			
<input type="checkbox"/> The classification of property under RC 5713.041. <input type="checkbox"/> The classification of property under RC 319.302. <input type="checkbox"/> The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35. <input type="checkbox"/> The valuation of property on the agricultural land tax list. <input type="checkbox"/> Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4). <input 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: continued use of agricultural land. It was dropped from this due to a missed application last year.

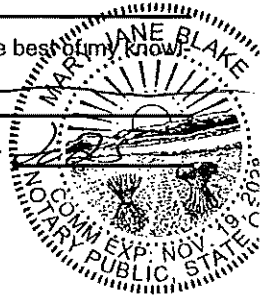
11) If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.  
 The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) 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 2-24-25 Complainant or agent Bruce A. Myers Title (if agent) \_\_\_\_\_  
Signature

Sworn to and signed in my presence, this 24 day of Feb year \_\_\_\_\_

Notary Mary Jane Blake Signature



FEB 26 2025

Tax year \_\_\_\_\_ BOR no. 3402-2424

DTE 2  
Rev. 12/22

ALLISON M. ANDERSON \_\_\_\_\_ Date received \_\_\_\_\_  
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>Thomas E Newman</u>	<u>11255 Peach Glen Ave Uniontown</u>
2) Complainant if not owner		<u>OH, 44685</u>
3) Complainant's agent		
4) Telephone number of contact person	<u>330-475-5628</u>	
5) Email address of complainant	<u>tentichi@sbcglobal.net</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>20-0000746.001</u>	<u>54.927</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.

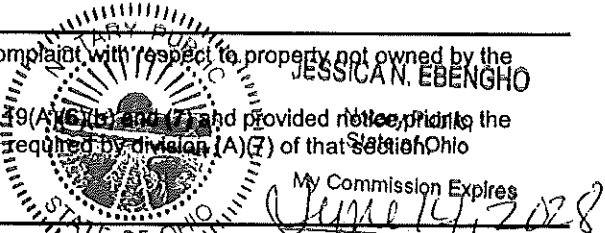
9) If the complaint is seeking a change in the value of the property, complete line 9. Complainants appealing other issues do not need to complete this line.

Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>20-000746.001</u>	<u>CAUV Value</u>		

10) The requested change is justified for the following reasons: Request reinstatement of CAUV and recoupment of penalty taxes

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 2-26-2025 Complainant or agent Thomas E Newman Signature \_\_\_\_\_ Title (if agent) \_\_\_\_\_

Sworn to and signed in my presence, this 21<sup>st</sup> day of February year 2025  
 Notary Jessica N. Ebengho Signature \_\_\_\_\_



MAR - 3 2025

Tax year \_\_\_\_\_ BOR no. 3402-2425  
County Harrison Date received \_\_\_\_\_

DTE 1  
Rev. 08/21

### 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		Name		Street address, City, State, ZIP code	
		Gary Zimmerman		168 Lynn Rd, Washington, PA 15301	
2. Complainant if not owner					
3. Complainant's agent					
4. Telephone number of contact person		330 383 1953			
5. Email address of complainant		gzman53@gmail.com			
6. Complainant's relationship to property, if not owner					
If more than one parcel is included, see "Multiple Parcels" on back.					
7. Parcel numbers from tax bill			Address of property		
23-0000 787.400			Fleming Rd, Jewett, OH 43986		
23-0000 787.402			Fleming Rd, Jewett, OH 43986		
8. Principal use of property		Minerals			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.					
<del>Parcel number</del>	<del>Column A Complainant's Opinion of Value (Full Market Value)</del>	<del>Column B Current Value (Full Market Value)</del>	<del>Column C Change in Value</del>		
10. The requested change in value is justified for the following reasons: If I & my brother own the surface of these 2 parcels that we have been paying tax on the minerals since tax year 2017. I would like to recover those payments					

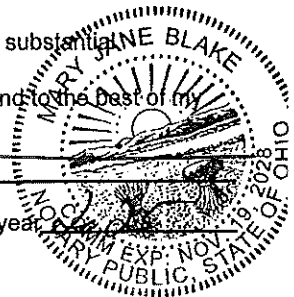
- 11. Was property sold within the last three years?  Yes  No  Unknown If yes, show date of sale \_\_\_\_\_ and sale price \$ \_\_\_\_\_ ; and attach information explained in "Instructions for Line 11" on back.
- 12. If property was not sold but was listed for sale in the last three years, attach a copy 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 3-3-2025 Complainant or agent Gary Zimmerman Title (if agent) \_\_\_\_\_

Sworn to and signed in my presence, this 3rd day of March year \_\_\_\_\_

Notary Mary Jane Blake  
Signature



RECEIVED  
HARRISON COUNTY

MAR - 3 2025

Tax year \_\_\_\_\_ BOR no. 3702-2426  
County \_\_\_\_\_ Date received \_\_\_\_\_

DTE 1  
Rev. 12/22

### Complaint Against the Valuation of Real Property

ALLISON M. ANDERSON  
AUDITOR  
Read instructions on back before completing form.

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	James Latham	49532 Cherry Valley Rd Cadiz	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person 740-491-2612			
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	
<del> </del>		<del> </del>	
<del> </del>		<del> </del>	
<del> </del>		<del> </del>	
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
13-0000724-000	10,000	25,090	5,090
9. The requested change in value is justified for the following reasons: This is the on 13-632-000 (Deleted Parcel) House is unliveable. No electric or water since 2019.			

10. Was property sold within the last three years?  Yes  No  Unknown If yes, show date of sale June 2024  
and sale price \$ 40,000 ; and attach information explained in "Instructions for Line 10" on back.

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

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

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

MAR - 3 2025 Tax year \_\_\_\_\_ BOR no. 3402-2427  
County \_\_\_\_\_ 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	Tanner & Kaylee Bardall	229 10 High St Freeport OH 45988
2) Complainant if not owner		
3) Complainant's agent		
4) Telephone number of contact person	Tanner 740-229-6947, Kaylee 330-540-9166	
5) Email address of complainant	Bardall, Terrie@llowd.com	
6) Complainant's relationship to property, if not owner		

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

7) Parcel number from tax bill	# Acres, if applicable	Address of property
090000 223001	39.007	31280 Piedmont Freeport Rd Freeport OH 45973
090000 223000	69.6660	

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: We had just purchased the land, unknowing that previous owner did not file CAUV

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.

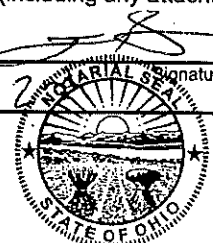
The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

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 3-2-25 Complainant or agent \_\_\_\_\_ Title (if agent) \_\_\_\_\_

Sworn to and signed in my presence, this \_\_\_\_\_ day of March year 2025

Notary \_\_\_\_\_ Signature



Notary Public, State of Ohio  
My Commission Expires:  
May 02, 2026

MAR - 3 2025

Tax year \_\_\_\_\_ BOR no. 3402-2428

DTE 1  
Rev. 12/22

County \_\_\_\_\_ Date received \_\_\_\_\_

ALLISON M. ANDERSON  
AUDITOR

**Complaint Against the Valuation of Real Property**

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

Attach additional pages if necessary.

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

Original complaint  Counter complaint

Notices will be sent only to those named below.

	<b>Name</b>	<b>Street address, City, State, ZIP code</b>	
1. Owner of property	GREGORY ROGERS	4035 WATERCOURSE, MEDINA, OH	
2. Complainant if not owner		44256	
3. Complainant's agent			
4. Telephone number and email address of contact person 216-403-7134			
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	
<del> </del>		<del> </del>	
<del> </del>		<del> </del>	
<del> </del>		<del> </del>	
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
2 20-0031	0	\$1500	-1500
9. The requested change in value is justified for the following reasons: UNINHABITABLE. TREES FALLEN ON HOME. PARTIALLY destroyed.			

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

Tax year \_\_\_\_\_ BOR no. 3102-2429 MAR 6 2025 DTE 1 Rev. 12/22  
 County \_\_\_\_\_ Date received \_\_\_\_\_

**Complaint Against the Valuation of Real Property** **ARLTON 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		Stephanie Schott		36795 Gundy Ridge Rd Scio, OH 43988	
2. Complainant if not owner					
3. Complainant's agent					
4. Telephone number and email address of contact person 740-491-3063					
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		
<del> </del>			<del> </del>		
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		
20-0077	\$0	\$39,630. <sup>00</sup>	-\$39,630. <sup>00</sup>		
9. The requested change in value is justified for the following reasons: Horrible condition. Ducks and dogs living uncaged in house.					

10. Was property sold within the last three years?  Yes  No  Unknown If yes, show date of sale 1-17-25

and sale price \$ 30,000.<sup>00</sup> ; and attach information explained in "Instructions for Line 10" on back.  
for surface

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

3102-2130

JUL 1 2024

Tax year \_\_\_\_\_ BOR no. ALLISON M. ANDERSON DTE 2 01/21  
County \_\_\_\_\_ Date received \_\_\_\_\_ 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	JAMES + SHELLEY COFFELT	77500 JAMISON RD CADIZ OH 43907
2) Complainant if not owner		
3) Complainant's agent		
4) Telephone number of contact person	330 328 2470	JAMES COFFELT
5) Email address of complainant	JAMESCOFFELT @ HOTMAIL.COM	
6) Complainant's relationship to property, if not owner		
If more than one parcel number is included, see "Multiple Parcels" on back		
7) Parcel number from tax bill	# Acres, if applicable	Address of property
26 0000 146 000	253.97	BRANSON Pole Building 10k
26 0000 081 001	122.39	PICKENS BARN 2k value
02 0000 057 005	12.22	No Buildings

- 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
26 0000 146 000	7 Years old / 20k New 10k Now	10k / 47030	37030
26 0000 081 001	Present At Purchase Unused	6890 / 0	2410 / 0
02 0000 057 005	V. OCANT	3290 / 0	1150 / 0

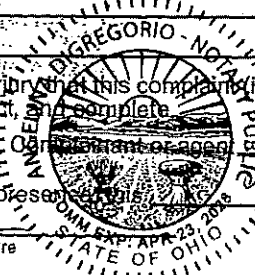
10) The requested change is justified for the following reasons: \_\_\_\_\_

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 6-28-24 Signature [Signature] Title (if agent) ow

Sworn to and signed in my presence on this 28 day of June year 2024

Notary [Signature] Signature



JUL 1 2024

Tax year 2023  
County HARRISON

BOR no. 3402-2431  
Date received ALLISON M. ANDERSON  
AUDITOR

DTE 2  
Rev. 08/21

**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	JAMES & SHELLEY COFFELT	71500 JAMISON RD, CADIZ OH 43907
2) Complainant if not owner		
3) Complainant's agent		
4) Telephone number of contact person	JAMES COFFELT	330 328 4470
5) Email address of complainant	JAMES CO	JAMESCOFFBLT@HOTMAIL.COM
6) Complainant's relationship to property, if not owner		

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

7) Parcel number from tax bill	# Acres, if applicable	Address of property
26 00000 97001	42.13	ABANDONED shelter EXISTED at purchase
26 0000 189 000	16.32	" "
260000 166 000	81.91	ABANDONED Bomb Buildings - 2
26-0000		

(\$500 UNUSUAL INCOME)

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
2600000 97001	ABANDONED at purchase \$0	3970 / 0 / 1390	0 / 1390
26 0000 189 000	" PRESENT at purchase unused	0 / 10940 / 3830	0 / 3830
26 0000 166 000	ABANDONED dynamite shack \$0	830 / 290 / 0	0 / 290

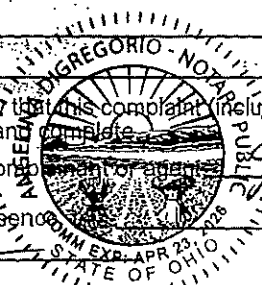
10) The requested change is justified for the following reasons:

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 6-28-24 County HARRISON Signature [Signature] Title (if agent) ow

Sworn to and signed in my presence 28 day of June year 2024

Notary [Signature] Signature



3402-2432

RECEIVED  
HARRISON COUNTY

Tax year \_\_\_\_\_ BOR no. JUL 1 2024 DTE 2 Rev. 08/21  
County \_\_\_\_\_ 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	JAMES + SHELLEY COFFELT	77500 JAMISON RD CADIZ OH 43907
2) Complainant if not owner		
3) Complainant's agent		
4) Telephone number of contact person	330 328 2470	JAMES COFFELT
5) Email address of complainant	JAMESCOFFELT @ HOTMAIL.COM	
6) Complainant's relationship to property, if not owner		

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

7) Parcel number from tax bill	# Acres, if applicable	Address of property
02 0000 051 002	24.52	ABANDONED BARN
02 0000 041 006	31.18	VACANT
26 0000 195 000	15.64 86.58	WRT OWNS NO BUILDINGS (BY WRT)

- 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
02 0000 051 002	VALUE - 0 -	4340 / 1520 / 0	1520
02 0000 041 006	" "	7370 / 2580 / 0	2580
26 0000 195 000	" "	3710 / 1300 / 0	1300

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 6-28-24 Complainant or agent James Coffelt Title (if agent) ow  
 Sworn to and signed in my presence 28 day of June year 2024  
 Notary [Signature] Signature





JUL 1 2024

Tax year \_\_\_\_\_

BOR no. 3402-2433

DTE 2  
108/21

County \_\_\_\_\_

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	JAMES + SHELLEY COFFELT	77500 JAMISON RD CADIZ OH 43907
2) Complainant if not owner		
3) Complainant's agent		
4) Telephone number of contact person	330 328 2470	JAMES COFFELT
5) Email address of complainant	JAMESCOFFELT @ HOTMAIL.COM	
6) Complainant's relationship to property, if not owner		
If more than one parcel number is included, see "Multiple Parcels" on back		
7) Parcel number from tax bill	# Acres, if applicable	Address of property
26 0000 106 000	53.35	NO BUILDINGS / VACANT
26 0000 080 000	60.64	BOAT HOUSE / VALUE \$2,000
26 0000 065 002	27.09	TEAR DOWN HOUSE (MODON)

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
26 0000 106 000	0 VACANT	8400 / 2940 / 0	2940
26 0000 80 000	0 Utility BARN	1170 / 3910 / 1000	1000 2910
26 0000 65002	0 TEAR DOWN	12400 / 4340 / 0	4340

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 6-28-24 Complainant James Coffelt Title (if agent) owner  
 Sworn to and signed in my presence \_\_\_\_\_ day of June year 2024  
 Notary Angela Signature

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HARRISON COUNTY

Tax year 2024 BOR no. 4101-8434  
County HARRISON Date received \_\_\_\_\_

DTE 1  
Rev. 12/22

MAR 7 2025

### 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

Attach additional pages if necessary.

AUDITOR

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

Original complaint  Counter complaint

Notices will be sent only to those named below.

		Name	Street address, City, State, ZIP code	
1. Owner of property		SANDRA L BRUN	Lots 27-28 Adams Main Street	
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		
270000116000		573 West Main St Adams OH 43901		
7. Principal use of property		Husband		
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	
270000116000	\$25,000	\$49,890	\$24,890	
9. The requested change in value is justified for the following reasons: Garage IS NOT WORTH \$49,890 IF I WSC TO PUT UP FENCE \$25,000 Anybody IN Harrison County would know that				

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

Please call: 740-542-3168 before Appraising Building

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HARRISON COUNTY

MAR 7 2025

Tax year 2024 BOR no. 4101-24.35  
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	Sandra L Brown	Hagen addition lots 42+43
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 Husband

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

6. Parcel numbers from tax bill	Address of property
<u>270000098001</u>	<u>522 West Main St Adams OH 43901</u>

7. Principal use of property

8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.

Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>270000098001</u>	<del>12,000</del> <u>12,000</u>	<u>33,140</u>	<u>21,140</u>

9. The requested change in value is justified for the following reasons:  
ONLY ONE Trailer on Property  
There IS NO Building worth \$14,830 Carport

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.

No 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

Tax year \_\_\_\_\_ BOR no. 3401-2436  
County \_\_\_\_\_ Date received MAR 10 2025

**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.

ALISON M. ANDERSON  
AUDITOR

	Name	Street address, City, State, ZIP code	
1. Owner of property	James G. Burleson (Deceased)	31544 Tunnel Hill Rd	
2. Complainant if not owner	Nell M Burleson	31544 Tunnel Hill Rd	
3. Complainant's agent			
4. Telephone number and email address of contact person 330 340 2593 LAZYLADY63@AOL.COM			
5. Complainant's relationship to property, if not owner wife			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		31545	Address of property
150013		<del>31545</del>	TUNNEL Hill Rd
		Bowers	04 24695
7. Principal use of property - Son lived in it			
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
<del>150013</del>			
150013	10,000	-0-	10,000
9. The requested change in value is justified for the following reasons: The roof + Floors rotted out			

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

My husband died in July 9, 2015 and I cannot get a title. Please send someone out to verify the trailer is no longer there. Thank you.

Tax year \_\_\_\_\_ BOR no. 4101-2437 DTE 1  
County \_\_\_\_\_ Date received \_\_\_\_\_ MAR 11 2025 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	STANLEY & RHONDA GORE		190 DEVORE ST. ADENA OH 43901
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person 740-546-3010			
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	
		190 DEVORE STREET ADENA OHIO 43901	
7. Principal use of property STORAGE / MOBILE HOME			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
27-0002	UNKNOWN	19,000	
9. The requested change in value is justified for the following reasons: In LETTER / HAS BEEN STORAGE SINCE 1998			

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 NO and total cost \$ \_\_\_\_\_

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

3402-2438

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Rev. 02/19

Tax year \_\_\_\_\_ BOR no. \_\_\_\_\_

County \_\_\_\_\_ Date received \_\_\_\_\_

MAR 13 2025

### 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.

ALLISON M. ANDERSON  
AUDITOR

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	Shalena Barreto	27825 Norris Rd Tippecanoe OH 44699	
2. Complainant if not owner	N/A		
3. Complainant's agent	N/A		
4. Telephone number of contact person	740-433-9693 (Notify me when auditor plans to come out.)		
5. Email address of complainant	N/A		
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	
30-0027-999999		27825 Norris Rd Tippecanoe OH 44699	
8. Principal use of home: Tool shed / storage			
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
30-0027-999999	0	1,700	Worth of scrap metal
10. The requested change in value is justified for the following reasons: There is no value in mobile since purchase of property, mobile is completely gutted out and is used for tools/storage			

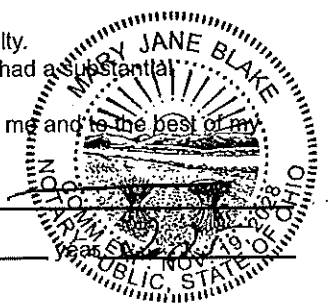
- 11. Was home sold within the last three years?  Yes  No  Unknown If yes, show date of sale \_\_\_\_\_ and sale price \$ \_\_\_\_\_ ; and attach information explained in "Instructions for Line 11" on back.
- 12. If home was not sold but was listed for sale in the last three years, attach a copy of listing 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 3/13/25 Complainant or agent [Signature] Title (if agent) \_\_\_\_\_

Sworn to and signed in my presence, this 13<sup>th</sup> day of March

Notary [Signature]  
Signature



Tax year \_\_\_\_\_ BOR no. 3402-2439 DTE 1  
County \_\_\_\_\_ Date received \_\_\_\_\_ MAR 18 2025 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.

ALLISON M. ANDERSON  
AUDITOR

Name		Street address, City, State, ZIP code	
1. Owner of property	William P. Luther IV & Glenda S. Luther	810 Bakers Addition Rd. Hopedale, OH 43976	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person <u>740-491-7107</u> <u>willyluther@hotmail.com</u>			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" instruction.			
6. Parcel numbers from tax bill		Address of property	
<u>14-0000606</u>		<u>810 Bakers Addition Rd. Hopedale OH 43976</u>	
<u>14-0000541</u>		<u>810 Bakers Addition Rd. Hopedale OH 43976</u>	
7. Principal use of property			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>14-0000606</u>	<u>\$2,740</u>	<u>\$5,940</u>	<u>- \$3,200</u>
<u>14-0000541</u>	<u>\$390,467</u>	<u>\$436,080</u>	<u>- \$45,613</u>
9. The requested change in value is justified for the following reasons: <u>Please see attached document</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 \$ N/A.

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

3402-2440

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HARRISON COUNTY  
FORM 1  
Rev. 12/22

Tax year \_\_\_\_\_ BOR no. \_\_\_\_\_  
County \_\_\_\_\_ Date received MAR 20 2025

### 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	ABDUL RASHID	33195 Cadiz - Piedmont Rd, OH 43983	
2. Complainant if not owner	SHAHID NAVEED	7467 Wolfe Terrace, Pickerington, OH 43147	
3. Complainant's agent			
4. Telephone number and email address of contact person	(Shahid304@hotmail.com)		
	(304-610-4800) cell# email - (Columbuspower@gmail.com)		
5. Complainant's relationship to property, if not owner	(Nephew)		
If more than one parcel is included, see "Multiple Parcels" instruction.			
6. Parcel numbers from tax bill	Address of property		
17-0000706.001	33195 Cadiz - Piedmont Rd, OH 43983		
7. Principal use of property	Abandoned / not usable - Cons Tanks bad / Building Falling		
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
17-0000706.001	Approx \$20,000 - \$30,000	\$83760 / 20K	- \$50K
9. The requested change in value is justified for the following reasons: Property not usable, Pumps broken, 2 Tanks Bad, Building falling apart and parking lot Needs lot of work - No Heat/AC - windows Broken			

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



3402-2441

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HARRISON COUNTY

DTE 1  
Rev. 12/22

Tax year \_\_\_\_\_ BOR no. \_\_\_\_\_  
County \_\_\_\_\_ Date received FEB 25 2025

### 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	Edward Murray	Lot 64 Deersville Ave	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person			
740-457-7077 emurray2458@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	
<del> </del>		<del> </del>	
<del> </del>		<del> </del>	
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
050001139000	1900.00	10,370.00	-9260.00
9. The requested change in value is justified for the following reasons:			
I have <del>owned</del> <sup>OWNED</sup> this property for over 30 years & Never owned a trailer			

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

3402-2442

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HARRISON COUNTY

Tax year 2023

BOR no. \_\_\_\_\_

DEC 6 2024

DTE 1  
Rev. 12/22

County HARRISON

Date received \_\_\_\_\_

### Complaint Against the Valuation of Real Property

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

Attach additional pages if necessary.

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 <u>Charles J. J. With A Santimarinio</u>		<u>576 Woodstone N. Franklin, Oh 44319</u>	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person <u>330-714-4056 CSantimarinio@SBCGLOBAL.NET</u>			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property	
<u>01000007500</u>		<u>TR 40</u>	
		<u>Gilmore Ridge Rd</u>	
7. Principal use of property			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C. <input checked="" type="checkbox"/>			
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:			

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

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HARRISON COUNTY

Tax year 2024 BOR no. 3402-2443  
County Harrison Date received \_\_\_\_\_

DTE 1  
Rev. 12/22

MAR 26 2025

### 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	Harrison Resources, LLC	544 Chestnut Street, Coshocton, OH 43812	
2. Complainant if not owner	Gregory J Honish		
3. Complainant's agent			
4. Telephone number and email address of contact person (740) 294-3053; ghonish@ccucoal.com			
5. Complainant's relationship to property, if not owner Vice President of CCU (CCU acquired Harrison Resources on 2/11/19)			
If more than one parcel is included, see "Multiple Parcels" instruction.			
6. Parcel numbers from tax bill		Address of property	
02-0000365.002		Section 7, Athens Township	
7. Principal use of property Coal mining.			
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
02-0000365.002	\$0	\$10,770	-\$10,770
9. The requested change in value is justified for the following reasons: This parcel is coal only. No surface ownership. Economically recoverable reserves are depleted. See attached Mined Out Report.			

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

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HARRISON COUNTY

Tax year 2024 BOR no. 3402.2444  
County Harrison Date received \_\_\_\_\_

DTE 1  
Rev. 12/22

MAR 26 2025

**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.

	<b>Name</b>	<b>Street address, City, State, ZIP code</b>	
1. Owner of property	CCU Coal and Construction, LLC	544 Chestnut Street, Coshocton, OH 43812	
2. Complainant if not owner	Gregory J Honish		
3. Complainant's agent			
4. Telephone number and email address of contact person	(740) 294-3053; ghonish@ccucoal.com		
5. Complainant's relationship to property, if not owner	Vice President of CCU		
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill	Address of property		
See attached			
7. Principal use of property	Coal mining.		
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
See attached			
9. The requested change in value is justified for the following reasons: These parcels are coal only. No surface ownership. Economically recoverable reserves are depleted. See attached Mined Out Reports.			

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

MAR 26 2025

DTE 2  
Rev. 12/22

Tax year \_\_\_\_\_  
ALLISON M. ANDERSON  
County \_\_\_\_\_  
AUDITOR

BOR no. 3102-2445  
Date received \_\_\_\_\_

**Complaint Against the Assessment of Real Property Other than Market Value**

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

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

	Name	Street address, City, State, ZIP code	
1) Owner of property	<u>Adventure Outdoors LLC</u>	<u>3096 CR 600 Millersburg OH 44651</u>	
2) Complainant if not owner			
3) Complainant's agent			
4) Telephone number of contact person	<u>234-301-7678</u>		
5) Email address of complainant	<u>myron@charmenyinc.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>01-0000202000</u>	<u>81</u>	<u>87599 Dodson Rd. Scio OH 43988</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 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: Just bought property in October + did not get a chance to keep on CAUV. Property will be used to make hay etc.

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 2/22/2025 Complainant or agent Myron Shetter Title (if agent) Owner/Partner

Sworn to and signed in my presence, this 26 day of March year 2025

Notary Charlene Sharier



Charlene Sharier  
Notary Public, State of Ohio  
My Commission Expires  
October 14, 2026

RECEIVED  
HARRISON COUNTY

MAR 24 2025

Tax year \_\_\_\_\_ BOR no. 3402-2446

DTE 1  
Rev. 12/22

County \_\_\_\_\_ Date received \_\_\_\_\_

### Complaint Against the Valuation of Real Property

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

ALLISON M. ANDERSON

AUDITOR 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	Linda Van Gilder	PO Box 552 Scio, OH 43988	
2. Complainant if not owner	Gina Van Gilder		
3. Complainant's agent			
4. Telephone number and email address of contact person 740-945-7111 bsktb1123.jordan@yahoo.com 412-475-2513			
5. Complainant's relationship to property, if not owner Gina Van Gilder daughter			
If more than one parcel is included, see "Multiple Parcels" instruction.			
6. Parcel numbers from tax bill	Address of property		
<del>_____</del>			
<del>_____</del>			
<del>_____</del>			
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
230000617000	_____	_____	_____
230000634000	_____	_____	_____
	_____	_____	_____
9. The requested change in value is justified for the following reasons: was double taxed. Non commercial since 2020. 2024 back that the building			

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

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

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

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

RECEIVED  
HARRISON COUNTY

Tax year 2022

BOR no. 3402-2447

DTE 1  
Rev. 08/21

MAR 31 2025

County Harrison

Date received \_\_\_\_\_

### Complaint Against the Valuation of Real Property

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

ALLISON M. ANDERSON

Attach additional pages if necessary.

AUDITOR 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>Craig Mercer + Rebecca Kail</u>	<u>74605 16 Road Cadiz OH 43907</u>	
2. Complainant if not owner	<u>-</u>	<u>-</u>	
3. Complainant's agent	<u>-</u>	<u>-</u>	
4. Telephone number of contact person	<u>304-281-7705 or 740-546-2022</u>		
5. Email address of complainant	<u>nickskail17@gmail.com</u>		
6. Complainant's relationship to property, if not owner	<u>-</u>		
If more than one parcel is included, see "Multiple Parcels" on back.			
7. Parcel numbers from tax bill	Address of property		
<u>260000006001</u>	<u>74605 16 Road Cadiz OH 43907</u>		
8. Principal use of property	<u>Home</u>		
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
<u>260000006001</u>		<u>\$</u>	<u>\$36,790</u>
10. The requested change in value is justified for the following reasons: <u>On July 8, 2024 we received a letter that our property value had been overvalued by \$36,790. So the taxes for 2022 just need adjusted accordingly. Thanks</u>			

11. 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 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 3-27-25 Complainant or agent Rebecca Kail Signature Title (if agent) NA

Sworn to and signed in my presence, this 27 day of March year 2025

Notary Nicole M. Smallwood Signature



NICOLE M SMALLWOOD  
Notary Public, State of Ohio  
My Commission Expires :  
January 31, 2026

RECEIVED  
HARRISON COUNTY  
DTE 2  
Rev. 12/22  
MAR 31 2025

Tax year 2024 BOR no. 3402-2448  
County HARRISON Date received 3-31-25

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

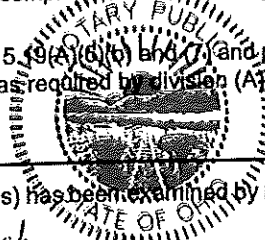
Original complaint  Counter complaint  
Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1) Owner of property	Joseph H. HARRAH	822 BAKER Addition, Hopewell OH 43976	
2) Complainant if not owner			
3) Complainant's agent			
4) Telephone number of contact person	740-937-2215		
5) Email address of complainant	NONE		
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	
13-0000 192-000	157.126 Acres	Unionvale Rd	
13-0000 200-000	53.054 Acres	Unionvale Rd	
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
130000192000	350.00	2400.00	\$ 2050.00
<del>130000</del> 130000 2000	350.00	2400.00	\$ 2050.00

10) The requested change is justified for the following reasons: Land is <sup>used for</sup> hayground and pasture land. I ~~was~~ would like the value on this ground lowered to \$350.00 an acre on the UC soil

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)(8) and provided notice prior to the adoption of the resolution required by division (A)(7) of that section as required by division (A)(7) of that section, State of Ohio



My Commission Expires 06/14/2028

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 31, 2025 Complainant or agent Joseph H. Harrah Signature Joseph H. Harrah Title (if agent) \_\_\_\_\_

Sworn to and signed in my presence this 31st day of March year 2025  
Notary Jessica N. Ebengho Signature



Tax year 2025

BOR no. 3401-2449

JAN 31 2025

County Harrison

Date received \_\_\_\_\_

## Complaint Against the Assessment of Real Property Other than Market Value

ALLISON M. ANDERSON  
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.

1) Owner of property		<u>Cindy Lu Vought Campbell</u>	<u>300 Sarvis Dr Knoxville TN</u>
2) Complainant if not owner			
3) Complainant's agent			
4) Telephone number of contact person		<u>865-679-9298</u>	
5) Email address of complainant		<u>Cindyrn03@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	
<u>06-0000054000</u>		<u>87300 Beaver Dam Rd. Seio, Ohio</u>	
<u>06-0000054001</u>		<u>87300 Beaver Dam Rd Seio, Ohio</u>	
<u>15-0000340000</u>		<u>87300 Beaver Dam Rd Seio, Ohio</u>	
		<u>43988</u>	
8) Indicate the reason for this complaint:			
<input type="checkbox"/> The classification of property under RC 5713.041. <input type="checkbox"/> The classification of property under RC 319.302. <input type="checkbox"/> The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35. <input type="checkbox"/> The valuation of property on the agricultural land tax list. <input type="checkbox"/> Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4). <input checked="" type="checkbox"/> Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351. <input type="checkbox"/> The denial of the partial exemption of a qualifying child care center under RC 323.16.			
9) If the complaint is seeking a change in the value of the property, complete line 9. Complainants appealing other issues do not need to complete this line.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value

10) The requested change is justified for the following reasons: I added my daughter to ownership did NO transfer out of my name the need after transfer of ownership in 2023 that I was required to file an initial CAUV application prior to March 4, 2024

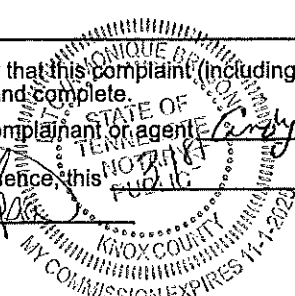
11) If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

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

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

Date 1-31-2025 Complainant or agent Cindy L. Vought Campbell Title (if agent) \_\_\_\_\_  
Signature

Sworn to and signed in my presence, this \_\_\_\_\_ day of January year 2025  
Notary \_\_\_\_\_ Signature



Tax year 2023

BOR no. 3402-2450

County \_\_\_\_\_

Date received \_\_\_\_\_

FEB 11 2025

**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	STEPHEN MICHAEL EDIE	3047 AMSTERDAM RD SW BOWENSTON OH 44695
2) Complainant if not owner		
3) Complainant's agent		
4) Telephone number of contact person	330-206-2095	
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
200000771000	1.178A	90380 BONNELL STREET, SciO

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: TAXED UNDER COMMERCIAL OUT OF BUSINESS FOR 10 YRS

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.

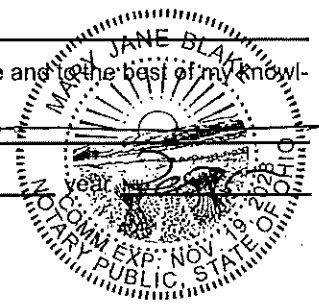
The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

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 2-11-2025 Complainant or agent Stephen M. Edie Title (if agent) \_\_\_\_\_  
Signature

Sworn to and Signed in my presence, this \_\_\_\_\_ day of Feb

Notary [Signature]  
Signature



Tax year 2024 BOR no. 3402-2451  
County Harrison Date received \_\_\_\_\_

DTE 2  
FEB 19 2025 12/22

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.

	<b>Name</b>	<b>Street address, City, State, ZIP code</b>
1) Owner of property	Paul Troyer	6375 Carr Rd
2) Complainant if not owner		Ossville OH 44667
3) Complainant's agent		
4) Telephone number of contact person	330-682-0407	
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
20-0000084.000	20	
20-0000085.000	14.5	

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
20-0000084.000	Reinstate to CAUV Value		
20-0000085.000	for tax year 2024		

10) The requested change is justified for the following reasons: Removed from CAUV. Request to reinstate CAUV, remove recapture fee, Now has woodland plan as required.

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, state of Ohio

JESSICA N. EBENGHO  
My Commission Expires June 14, 2028

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

Date 2-19-25 Complainant or agent Paul Troyer Signature \_\_\_\_\_ Title (if agent) \_\_\_\_\_

Sworn to and signed in my presence, this 19th day of February year 2025

Notary Jessica N. Ebengho Signature \_\_\_\_\_

MAR 27 2025

Tax year \_\_\_\_\_ BOR no. 34022452  
County \_\_\_\_\_ Date received \_\_\_\_\_

DTE 1  
Rev. 12/22

**Complaint Against the Valuation of Real Property**

ALLISON M. ANDERSON  
AUDITOR  
Read and type or print all information. Read instructions on back before completing form.  
Attach additional pages if necessary.

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

Original complaint  Counter complaint

Notices will be sent only to those named below.

1. Owner of property		Name		Street address, City, State, ZIP code	
2. Complainant if not owner		melba & Sherida W Ramsey		1417 Rowland Ave NE Canton GA 30147	
3. Complainant's agent		Jim Ramsey			
4. Telephone number and email address of contact person 330-418-9933					
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		
<del> </del>					
<del> </del>					
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		
23-0041	0	1,000	- 1,000		
23-0040	0	50	- 50		
9. The requested change in value is justified for the following reasons: Trailers are falling in and it not worth anything they cant move without them falling apart					

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

MAR 31 2025

**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~~

Attach additional pages if necessary.

*NOSEICK*

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.

1. Owner of property		Name <i>456 Trust Metropolitan Board</i>		Street address, City, State, ZIP code <i>368 North Ohio Street</i>	
2. Complainant if not owner		Name <i>Mike Ralph Gardner</i>		Address <i>Cadiz, Ohio</i>	
3. Complainant's agent					
4. Telephone number and email address of contact person <i>(614) 974 3471</i>					
5. Complainant's relationship to property, if not owner If more than one parcel is included, see "Multiple Parcels" instruction.					
6. Parcel numbers from tax bill <i>05-0001826 003</i>			Address of property <i>368 North Ohio Street Cadiz, Ohio</i>		
7. Principal use of property <i>Res</i>					
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.					
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value		
<i>05-0001826</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>		
9. The requested change in value is justified for the following reasons: <i>The city's Sewage has overflowed our 2 man holes located on our property for over 10 years. Preventing us from selling or renting the property. It has remained vacant for the same period.</i>					

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

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

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

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

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