,		Tax year		B(	DR no.4/0/- <b>3</b> 40/	RECEIVED	
		County		Da	ate received	1(0), (2)22	
	estions a	Dlaint Against nd type or print all ir Attach ac ill market value comp	the Valuation. Redditional pages	ation ad instr s if nece Il other Counte	of Real Proper uctions on back before essary. complaints should upg	ty OCT - 4 2024	
			ame			City, State, ZIP code	
1. Owner of property		Douglas Setsich	C Truste	•	73959 Morgan	HINRY ADORNOHAS	
2. Complainant if not own	ner						
3. Complainant's agent							
4. Telephone number and 740 -391-  5. Complainant's relations	940	7 doug.	setsik	@ y	Ahoo, Lom		
	If mo	re than one parcel is	included, see	"Multip	le Parcels" Instruction.		
6. Parcel numbers from tax bill 25-0024			Address of property				
7. Principal use of propert		ACANT LAN					
8. The increase or decrea		Column A mplainant's Opinion (Full Market Vali	ı of Value		ng auditor's value may ha Column B Current Value Full Market Value)	ve -0- in Column C.  Column C  Change in Value	
25-0024		•	0				
10. Was property sold with	AH Hin hin the las	Ached.  K I should t three years? □ Yes ; and attach infor	Le 1.e.5, s IX No □ I	Unknow ed in "Ins	n If yes, show date of sa		
						I cost \$	
13. Do you intend to prese							

JAN <b>2 3</b> 2025	1			075.0
Tax year	<u>2024</u>	BOR no. <u>4//</u>	01-8402	DTE 2 Rev. 12/22
Tax year  ALLISON M. ANDERSO  AUDITOR	nurison Co	Date received	1-16-25	<del></del>
Complaint Against	the Assessme	ent of Real Pi	onerty Other tha	an Market Value
Use this form to file board of revis	sion complaints regardi	ng assessment issue	s other than the market val	ue of property. Complaints
<ul> <li>against market value should be file</li> </ul>	ed on the DTE Form 1.	Answer all questions	and type or print all inform	ation. Read the instructions
OH (r)		ng torm. Attach addit complaint 🔲 Count	ional pages as necessary.	
		sent only to those na	•	•
	1	me		City, State, ZIP code
1) Owner of property	Dorothy Emma	Flower Tour		
2) Complainant if not owner	Charles Mul		11 11	
3) Complainant's agent	la market	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4) Telephone number of contact pe	rson 740 - 3	310-7890		
5) Email address of complainant	charmil		COM	
6) Complainant's relationship to pro		trustee (	Daughter of	Dorothy Flower Treat
If more	than one parcel num		"Multiple Parcels" on bac	
7) Parcel number from tax bill	# Acres, if applic	able Add	ress of property	
25-0000030.00	8	3 M	iric Ridge Rd	Adena of 4390
			0	
8) Indicate the reason for this comp			1	
☐ The classification of property ☐ The classification of property			see attack	ed note!
The denial of a CAUV applicat		.32 or the conversion of	of CAUV property under RC	5713.35.
The valuation of property on			and the property and an area	
Determination whether good c				
Determination of whether good				5713.351.
The denial of the partial exen				
<ol> <li>If the complaint is seeking a chan complete this line.</li> </ol>	ge in the value of the pi	operty, complete line	9. Complainants appealing	other issues do not need to
Jennylete trae livre.	Column A		Column B	Column C
Parcel number C	omplainant's Opinior		Current Value	Change in Value
	(Full Market Val	ue)	(Full Market Value)	
10) The requested change is justified	od for the following reco	on Property 1	we howard by	my error as D
Isled out form I was	'	al not rece		letter In Audi
that property was	umosel Ja	0 N L	(h. )	. 0
11) If the complainant is a legislative				The Vicil Word.
complainant, R.C. 5715.19(A)(8	) requires this section t	o be completed.	ompaint with respect to pre	perty not owned by the
he complainant has complie	ed with the requirements	s of R.C. section 5715	.19(A)(6)(b) and (7) and pro	ovided notice prior to the
adoption of the resolution re	quired by division (A)(6	i)(b) of that section as	required by division (A)(7)	of that section.
I declare under penalty of perjury the edge and belief is true, correct, and	at this complaint (includ	ling any attachments)	has been examined by me	and to the best of my knowl-
/	plainant or agent Ch	and UTTER	Multitle (if agent)_	
	005	Signature	g=T	7/02 5
Sworn to and signed in my gresen	· ~ <del> </del>		# Danuary	year <u>2025</u>
	~(O() =	4	U = 1	<del>-</del>

RECEI	VED
HARRISON	COUNTY

BOR no. 3401-2403

DTE 1M Rev. 02/19

County HARRISON Date received 4-1-24

## APR 1 2025 omplaint Against the Valuation of a Manufactured or Mobile Home Taxed Like Real Property Answer all questions and type or print all information. Read instructions on back before completing form. Attach additional pages if pages are

**AUDITOR** 

Attach additional pages if necessary.

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

		TOUCCS W	in be sent only to the	Se man	ied below.		
		Name Street address, City, State				City, State,	ZIP code
1. Owner of home	'n	MARON L.	Shetler		912 E Front St	. Dover	DN10 446
2. Complainant if not own	er						
3. Complainant's agent					:		
4. Telephone number of c	ontact persor	330-	343-5904	1			****
5. Email address of comp	lainant Mu	Ron bigf	ish @aolico.	m			
6. Complainant's relations							
	If more	than one ho	me is included, see	"Multi	ple Homes" on back.		
7. Registration number fro	m tax bill				Address of home		
15-0125.9	9999	9	8935	01	Plum PunRd U	hrichs	ville 0H 21416
				! · · · · · ·	,		
			·-				
8. Principal use of home	StorA	ge.					
9. The increase or decreas	•	,	Counter-complaints s	upportir	ng auditor's value may hav	ve -0- in Co	lumn C.
Registration Number	Comp	Column A Complainant's Opinion o (Full Market Value		pinion of Value Current Valu			olumn C ige in Value
15-0125,99999	9	6,000			1200	6	, 000
10. The requested change Jus is an old ho	use train	lep stic	Value is not	22.	870. That is u	nrealist	ic Theu
depreciate in vali	ue. The	MCREASE	from # 17.35	1 To	\$ 319.36 15	unfair	
12. If home was not sold bit 13. If any improvements with 14. Do you intend to presents. If you have filed a prioreason for the valuation of sheet. See R.C. section 5.  The home was sold A substantial improvements.	ut was listed for the testimer complaint to nange reques 715.19(A)(2) d in an arm's evement was	; and attach for sale in the last the ed in the last the lony or report of this home si sted must be of for a complete length transact added to the h	information explaine ast three years, attach aree years, show dat of a professional approce the last reappraine of those below. Per explanation.	ed in "In a copy e a copy e a copy e raiser? e sal or u lease coe home cupancy nic imp	estructions for Line 11" on r of listing agreement or oth and tota Yes No Un update of property values check all that apply and ex lost value due to a casua y change of at least 15% act on my property.	ner available al cost \$ known in the coun kplain on at ity. had a subs	nty, the ttached
I declare under penalties of knowledge and belief is true. Date 4 / 2 /	ue, correct ar	t this complain nd complete. ant or agent	Myran L	Shei	Title (if agent)		
Sworn to and signed in my Notary Dieve A	Zenee	nis <u>Bay</u>		Nota	e Rehee Baglagilo ny Públic, State of Ohio nission Expires MAR. 1, 2028	year_	2024

RECEIVED

Tax year 2023 1 2024  BOR no. 3402 2404  County HALLSON  Complaint Against the Valuation of Real Property  Answer all questions and type or print all information. Read instructions on back before behindening Manna And 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  7. Counter Pub 1/8 E MAIN ST Scio, OH 437  2. Complainant if not owner  3. Complainant's agent  4. Telephone number and email address of contact person	DERSC
County HALLICON 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 complaint Man AND  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  7. Counter Pub //8 E MAIN ST Scio, OH 439  2. Complainant if not owner  3. Complainant's agent	1 DERSC
Answer all questions and type or print all information. Read instructions on back before the Sering Man AND 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  7 The Counter Pub //8 MAIN ST Scio, OH 439 2. Complainant if not owner 3. Complainant's agent	
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  7 Counter Counter  1. Owner of property  7 Counter Counter  1. Owner of property  7 Counter  7 Counter  8 Counter  9 Counter  1. Owner of property  7 Counter  9 Counter  9 Counter  1. Owner of property  1. Ow	
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  7. Counter complaints should use DTE Form 2  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  3. Complainant's agent	? <i>8</i> 8
Notices will be sent only to those named below.  Name Street address, City, State, ZIP code  1. Owner of property  7 Country Rub //8 E MAIN ST Scio, OH 439  2. Complainant if not owner  3. Complainant's agent	? <i>8</i> 8
Name Street address, City, State, ZIP code  1. Owner of property  7 Le Courtey Pub 1/8 E MAIN ST Scio, OH 439  2. Complainant if not owner  3. Complainant's agent	7 <i>8</i> 8
2. Complainant if not owner  3. Complainant's agent	88
2. Complainant if not owner  3. Complainant's agent	
4. Telephone number and email address of contact person	
• • • • • • • • • • • • • • • • • • • •	
John Keadle 740-255-2350 boxKicker 1987 Q 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	
210000 56 800 LOT 17 PT E MAIN ST 5010, OH 4398	38
·	
7. Principal use of property	
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.	
Column A Column B Column C Parcel number Complainant's Opinion of Value (Full Market Value) Change in Value	Э
210000 56 800 No idea 88, 710.00	-
52   OGOS 34 COO   No 15 40	
9. The requested change in value is justified for the following reasons: I Feel the building is not	
worth the current value.	
	:
3K	
10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale 12/30/2021	
and the contract of the contra	
and sale price \$; and attach information explained in "Instructions for Line 10" on back.	
and sale price \$	<del>)</del> .
•	<u>;</u>

Mary Jane 740-942-8861

		ハピクド	
		HARRISON	COLINTY
Tax year <u>2023/2024</u>	BOR no. 340 2- 2405		Rev. 12/22
County HALPISON	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 About Mm. ANDERSON

Attach additional pages if necessary.

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

			inal complaint vill be sent only					
			Name		Street address, City, State, ZIP code			
1. Owner of property		John sus	JENN: FER	Kendle	83872	merrym	da w	cAdiz, o
2. Complainant if not own	er							
3. Complainant's agent								
4. Telephone number and	email ac	ldress of contact p	erson					
Jaw 740-2	55-	2350 be	oxKickel	219870	gmAil.	com		
5. Complainant's relations								
	If mo	ore than one parc	el is included	, see "Multip	ole Parcels" I	nstruction.		
6. Parcel numbers from ta	x bill				Address	of property		
29-00000 8	6.00	<u> </u>	8382	s meep	yman RD	cadiz o	# 4	3967
						,		
7. Principal use of propert	y Oul	home						
8. The increase or decreas	se in mar	ket value sought.	Counter-compla	aints supporti	ng auditor's va	alue may have -	0- in Colu	ımn C.
Parcel number 29 <i>– ১</i> ০১১ <i>টা</i> ৪৮	Column A Complainant's Opinior (Full Market Valu		inion of Value t Value)		Column Current Va Full Market '	lue		lumn C ge in Value
					· · · · · · · · · · · · · · · · · · ·			
9. The requested change  Do wor helieve	in value - OUA	is justified for the t	following reaso いかれん イ	ns: -he UAlu	r sing	it is	a Da	uble wide.
10. Was property sold with			· ·				ck.	
11. If property was not solo	l but was	listed for sale in th	e last three yea	rs, attach a co	opy of listing a	greement or othe	er availab	le evidence.
12. If any improvements v	vere com	pleted in the last	three years, sh	ow date		and total c	ost \$	
13. Do you intend to prese	ent the te	estimony or report	of a profession	al appraiser	?	No 🗍 Unkno	own	

Anomor an quosi	ions an	laint Against d type or print all inf Attach add I market value comp ☐ Original c	the Valuat ormation. Read	ion instru nece other ounter	of Real Propert uctions on back before of ssary. complaints should use r complaint	RECEIVED PIE 1 PRISON COUNTEY 12/22 PIUN - 2 2024 Completing form. ON M. ANDERSON AUDITOR		
		Na	me		Street address,	City, State, ZIP code		
1. Owner of property		Wayne rKotl	ileen Waso	sa	336 Inwood BI	vd Avontake OH44012		
2. Complainant if not owner	•							
3. Complainant's agent								
4. Telephone number and e 니니(	mail add	dress of contact perso 2870 Kath	n Necnowa:	Sour	agmail.com			
5. Complainant's relationsh					3			
	If mo	re than one parcel is	included, see "	Multip	ole Parcels" Instruction.			
6. Parcel numbers from tax bill					Address of property			
26-0000232.001			47795 Humptown Rd Codiz Off 43907					
, , , , , , , , , , , , , , , , , , , ,								
7. Principal use of property	re	creation						
8. The increase or decrease	in mark	ket value sought. Coun	ter-complaints su	pporti	ng auditor's value may ha	ve -0- in Column C.		
Parcel number	Co	Column A omplainant's Opinior (Full Market Val		(	Column B Current Value Full Market Value)	Column C Change in Value		
260000232001								
9. The requested change in (1) VCF PLYM.	i value ii ℓл∖†	s justified for the follov	ving reasons: ROUS SIV	b	illed tax ev	alvation. Please Sex attached		
10. Was property sold withi			•		wn If yes, show date of so			
11. If property was not sold t	out was I	listed for sale in the last	three years, attac	ch a co	opy of listing agreement or	other available evidence.		
12. If any improvements we	ere com	pleted in the last three	years, show date	• <u> </u>	and tot	al cost \$		
13. Do you intend to preser	nt the te	stimony or report of a	professional app	aiser	? ☐ Yes 💢 No ☐ Ui	nknown		

	-		V. 70 7	,700	RECEIVED HARRISON COUN PTE 1 Rev. 12/2 2 - JUN-25 2024	ſΥ
	Tax year 20	23	BOR no.	0,37	DTE 1 Rev. 12/2	?2
	County /- /avi	150M	Date received	1-10	7- 2UN-25 2024	
Answer all questions a	nd type or print all ini Attach ad Il market value comp	formation. Read ditional pages i laints only. All complaint	l instructions on f necessary.	back befor	Y MrnANDER AUDITOR	
	Na	me		eet address, C	City, State, ZIP code	
1. Owner of property	William D	Jewai	rd 1765,1	indenRo	1 Apt. 71	
2. Complainant if not owner			Man	stield	0144906	
3. Complainant's agent		. 17				
4. Telephone number and email ad Howe 567-5			E Mail A 567-3.		528	
5. Complainant's relationship to pre	operty, if not owner					
If mo	ore than one parcel is	included, see '	Multiple Parcels	" Instruction.		
6. Parcel numbers from tax bill				ss of property	***************************************	
22000030600			m Kidge Ke	<u>/</u>		_
22000030700	0	Hamilto	n Ridge Ko	el		
7. Principal use of property	amping					
8. The increase or decrease in mar	ket value sought. Coun	ter-complaints s	upporting auditor's	value may hav	re -0- in Column C.	_
Parcel number Co	Column A Column B Column C Complainant's Opinion of Value (Full Market Value) Change in Value					
220000306000 4.	300.00		Appraised	7.030	2,730	7
	800,00	Appraised 5, 29			2,490	
9. The requested change in value	is justified for the follow	ina reseane:				]
This property is	1 of Large 21	well to	rseptic	oraw	rellitis gust	
a camp site on	the side of	chill	bring Wale	v-from ho	Me Jused Outhous	中川山
10. Was property sold within the la						``P <i>aor</i> —
and sale price \$	; and attach info	rmation explaine	d in "Instructions:	for Line 10" on	back.	
11. If property was not sold but was	listed for sale in the last	three years, atta	ch a copy of listing	agreement or o	other available evidence.	
12. If any improvements were com	pleted in the last three	years, show dat	· Mone	and tota	Il cost \$	
13. Do you intend to present the te	estimony or report of a	professional app	raiser? 🗌 Yes [	□ No 🗹 Uni	known	<b>.</b>
13. Do you intend to present the te	e stade	, ,	Thi	s is uot	tahomes	i le
from 2004 L	last year c	heck 7	5010 V	Nas 11	7.60	

RECEIVED
HARRISON COUNTY

P. 2. 24

AUG 282412/22

Answer all que	Comp stions a	nd type or pri	nt all i	nformation	. Rea	d instri	ictio	ns on back before (	LISON completin	M. ANDERSON AUDITOR		
This form	is for fu	ll market valu ☑ (	i <mark>e com</mark> Drigina	additional participation in the participation in th	y. Ali	other Counter	comp	plaints should use I plaint	DTE Form	2		
		Name				Name Street address, City, State, ZIP						
1. Owner of property		JeRi	У.	Luyst	er	(sab	le)	226 N. Hic	gh St.	Freeport, ohi		
2. Complainant if not own	ər			l .		-				4397		
3. Complainant's agent												
4. Telephone number and 740 - 359 - 4		dress of conta	ect per	·/uys	ste	R 6	)4	lahoo.com	n			
5. Complainant's relations	hip to pro	operty, if not o	wner									
	If mo	re than one p	arcel	is included,	see	"Multip	le Pa	arcels" Instruction.				
6. Parcel numbers from ta	x bill				-			Address of property				
<u> 1000001030</u>	000			226	W	. 41	91	St. Freep	oet, e	phio 43973		
								·				
	<i>(</i> )			1								
7. Principal use of propert	y B	esi de l	1 <i>CL</i>	whe	re	7	r	reside.				
8. The increase or decrease	se in mar	ket value soug	ht. Co	unter-compla	aints s	upporti	ng au	ditor's value may hav	ve -0- in Co	lumn C.		
Column A Parcel number Complainant's Opinio (Full Market Val					Column B Current Value (Full Market Value)			olumn C ige in Value				
		1, 1, 1										
9. The requested change Price excelling I and I re	din sidi	g Who	at eel	I te	el es	exc		ded, who	et is	he normal		
10. Was property sold with	nin the la	st three vears	? [] '	Yes IV No	П	Linknov	TO F	ves show date of sa	7 / C			
and sale price \$												
and date price \$\psi		and at	aon m	ionnation ox	.prearr	cu iii ii	isti uc		back.			
11. If property was not sold	but was	listed for sale i	n the la	ist three year	s, atta	ach a co	py of	listing agreement or	other availal	ble evidence.		
12. If any improvements w	vere com	pleted in the la	ast thre	ee years, sho	ow da	ite		and tota	al cost \$			
13. Do you intend to prese	ent the te	stimony or rep	ort of	a profession	al apı	oraiser?		Yes 🗌 No 🔲 Un	known			
Uo impron bun adi	e me de o	its 1 to	su M	ich a Y Pl	ros	bo pe 1	iii ~f	lding hi	ave			

BOR no. 340 2. 2408

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

				· <u> </u>
	Tax year		BOR no 3402 - 2409  Date received HAR	RECEIVED DTE 1 Rev. 12/22
	County		Date receivedHAR	RISON COUNTY
Answer all ques	Complaint Against tions and type or print all in Attach ad some for full market yalue com	the Valuation the thick th	on of Real Propert nstructions on back before necessary. her complaints shou <b>ld use</b> .	Simple the 2024m.
F		e sent only to those		AUDITOR
		ame		City, State, ZIP code
Owner of property	Braxton M	inerala LL	c 4666 Palencia	Dr. Pt North IX 10/2
2. Complainant if not owne	r (OGT, Dule	, BAYON VIET	A)(	
3. Complainant's agent	I Angela Bo	luer'	Same	
4. Telephone number and の 200323365	email address of contact pers S angel awt			
5. Complainant's relationsh				
	If more than one parcel is	s included, see "M	ultiple Parcels" Instruction.	
6. Parcel numbers from tax	c bill		Address of property	
090000232	20	35 57.742A		
	the state of the s			
7. Principal use of property	partial mine	ral esta	e	
8. The increase or decrease	•	,	porting auditor's value may hav	re -0- in Column C.
Parcel number	Column A Complainant's Opinio (Full Market Va		Column B Current Value (Full Market Value)	Column C Change in Value
090000232201	ŧ 0		40 * previously accessed value	* 0
	- California - Cal		- , -	
9. The requested change in This accumnt	n value is justified for the follo WAG creafed and	wing reasons:	in error. Braxt	on Minerals
land partners p Woner Rodney Bo	urchased 30%. c XX brader pelaiv	of the m	in error. Braxt Imerals and the <del>Own 70% of th</del>	e surface
10. Was property sold withi	n the last three years?	es 🔯 No 🔲 Uni	known If yes, show date of sa	le

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

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 V Unknown

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

## RECEIVED

Tax year	BOR no.	HARRISON	COUN	, ,,,,,
	Date received		2024	Rev. 02/19
<b>Complaint Against the Valuation</b>	of a Manufa	ctured or	COLI	

Mobile Home Taxed Like Real PropertyLISON M. ANDERSON 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

			be sent only to tho			
			Name		Street address,	City, State, ZIP code
1. Owner of home		Sosh e	Coshnag		5 18 Oliv	re de
2. Complainant if not own	1					
3. Complainant's agent						
4. Telephone number of co	ontact person	740-	391-352	્		
5. Email address of comp	ainant 🕴	054 500	hran 1103	2000	mail, a on	
6. Complainant's relations			•	V		
	If more	than one hom	e is Included, see	"Multiple	Homes" on back.	
7. Registration number fro	m tax bill				Address of home	
29-0078			04-80	002	78,000	
8. Principal use of home	Sold	for a	toraun	126/8	+ 15 year	-5.4
9. The increase or decreas			•		•	
Registration	Compl	Column A ainant's Opini		С	Column B Surrent Value	Column C Change in Value
Number		(Full Market V		(Full Market Value)		onango in valuo
29-6078		Ø-G		\$1000		11000
	**			مين.	(000	
10. The requested change	_		<u> </u>			
No longer	~ OWF	hed a	s off	2	009.	
						•
44 14/- 111						
11. Was home sold within and sale price \$		.; and attach ir	formation explaine	d in "Instri	uctions for Line 11" or	ı back.
<ul><li>12. If home was not sold be</li><li>13. If any improvements was</li></ul>	ut was listed fo	r sale in the last	t three years, attach	a copy of	listing agreement or ot	her available evidence.
14. Do you intend to prese	ent the testimo	ony or report of	a professional app	raiser?	]Yes 🎮 No 🖂 Ui	al cost \$ nknown
15. If you have filed a prio reason for the valuation of sheet. See R.C. section 5	r complaint on pange request	n this home sind	ce the last reappraise of those below. Pi	sal or upd	ate of property values	in the county, the
sheet. See R.C. section 5	715.19(A)(2) f	or a complete e	explanation.	case che	ck all tilat apply and e	While BY JANE BY
☐ The home was sold ☐ A substantial impro	d in an arm's l vement was a	ength transaction	on.	home los	it value due to a casua hange of at least 15%	alty. with a state of the state
			econon	nic impact	on my property.	
I declare under penalties of knowledge and belief is tru	of perjury that ue, correct and	this complaint ( d complete,	including any attac	hments) h	nas been examined by	y me arks to the best of my. O
Date 8/9/24		nt or agent <u> </u>	John Cen	<b></b>	Title (if agent) _	000
	•		3 H Signature		(ii again) <u> </u>	FASTONION ASSESSED
Sworn to and signed in mix	/ presence, thi	is	76	day of	(1111)	VEST UR VALSEY
Sworn to and signed in my	presence, thi	$\frac{1}{0}$	7	day of	Ture 8	year year your year

## M/+ PARCEI - 22-0073

RECEIVED HARRISON COU	INTV			<b></b>		
	Tax year		_ BOR	R no. <u>3402- 24</u>	11	DTE 1 Rev. 12/22
JAN <b>3 0</b> 2025	County		_ Date	e received		
ALLISONhaWer AINDE	is for full market value comp	formation. Read	l instruct f necess other co Counter o	ctions on back befo sary. omplaints should us complaint ed below.	re completing form. se DTE Form 2	
Visit comments that the second state of the se		me			s, City, State, ZIP co	
1. Owner of property	Midia	el Mark	ourch	<u> 81915</u>	Ourant Rd	CAdiz
2. Complainant if not own	ər			43907		
3. Complainant's agent						
1 .	email address of contact perso					
	-3742 amar	Kovich 430	) <u>@ q</u>	Mail.com		
5. Complainant's relations	hip to property, if not owner					Ŋ.
	If more than one parcel is	included, see '	Multiple	e Parcels" Instruction	on.	
6. Parcel numbers from ta	x bill			Address of prope	erty	
7. Principal use of propert						
8. The increase or decrease	se in market value sought. Cour	iter-complaints si	upporting	g auditor's value may	have -0- in Column C	; <u> </u>
Parcel number	Column A Complainant's Opinior (Full Market Val			Column B Current Value ull Market Value)	Column Change in	
	<b>O</b>			11.990	- 11.9	90
9. The requested change	in value is justified for the follow	ving reasons:				
		٠, ,				
	5	Storage	01	oly .		
10. Was property sold with	nin the last three years? ☐ Ye			•	f sale	
and sale price \$	; and attach info	rmation explaine	d in "Ins	tructions for Line 10"	on back.	
11. If property was not sold	but was listed for sale in the last	three years, atta	ch a cop	y of listing agreement	or other available evid	dence.
12. If any improvements w	vere completed in the last three	years, show dat	e	NA and	total cost \$	

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

**3** 2025 FEB County\_ \_\_\_\_\_ Date received \_\_ ALLISON M. ANDERGO Plaint Against the Valuation of Real Property Answerlan ymestions 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 1574 TREMONT St. DOVE, OH 44622 1. Owner of property 2. Complainant if not owner 3. Complainant's agent 4. Telephone number and email address of contact person 5. Complainant's relationship to property, if not owner If more than one parcel is included, see "Multiple Parcels" instruction. 6. Parcel numbers from tax bill Address of property 7. Principal use of property 8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C. Column A Column B Column C Parcel number Complainant's Opinion of Value Current Value Change in Value (Full Market Value) (Full Market Value) w 5-0000080.007 9. The requested change in value is justified for the following reasons: ROOF PARTIALLY GONE - ROTTED - UNUSED 10. Was property sold within the last three years?  $\times$  Yes  $\square$  No  $\square$  Unknown If yes, show date of sale 000.2023; 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 X No Unknown

RECEI	VED
HARRISON	COUNTY

Signature

RECEIVED	ı			
HARRISON COL	UNTY Tax year	BC	DR no. 3402. 2413	DTE Rev.
FER = 2025	County	Da	te received	
ALLISON M. AND	is for full market value con ☐ Origina	additional pages if nece	ssary. complaints should use i r complaint	, -
	l l	Name	Street address,	City, State, ZIP code
1. Owner of property	57 CWG 5	Trush house	48 340 Fax	S BUTTEN RI
2. Complainant if not owne	T ARA WAUTER	STRAZIONE	48 340 FOX	10 43907
3. Complainant's agent			( )	
4. Telephone number of co	intact person ^	140.546-412	<b>'</b> Z¬	
5. Email address of compla	ainant			
6. Complainant's relationsh	nip to property, if not owner			
	If more than one parce	el is included, see "Mult	iple Parcels" on back.	
7. Parcel numbers from tax	∢ bill		Address of property	
8. Principal use of property	<i>f</i>			
9. The increase or decrease	e in market value sought. Co	unter-complaints supporti	ng auditor's value may ha	ve -0- in Column C.
Parcel number	Column <i>F</i> Complainant's Opini (Full Market V	on of Value	Column B Current Value Full Market Value)	Column C Change în Value
26 ance 32 6000	10,500		97.080	
The opposition	7		?	
W410 1711 100				
10. The requested change	in value is justified for the fo	illowing reasons:		<u>L</u>
wheny f	sop have ve	ing years		
and sale price \$ 12. If property was not sold in the property was sold in the proper		Information explained in "In ast three years, attach a case years, show date a professional appraiser are the last reappraisal or explanation.  Interpretation of the property	nstructions for Line 11" on opy of listing agreement or and total and total and total areas and total areas are also as a case of the charge of at least 15% opens on my property.	back. other available evidence al cost \$ nknown s in the county, the xplain on attached sualty. had a substantial
Sypratice and signed in my	presence, this	) <u> </u>	rtepruary	year <u> </u>
Notative POX (CC)	X mell		0	

RECEIVED		
HARRISON COUNTY		
	Tax vear	BOR no 3401-2414

County\_\_\_\_\_ Date received \_\_\_\_\_
Complaint Against the Valuation of Real Property
ALLISONWMAII AND EAS 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

DTE 1 Rev. 12/22

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

			ount only to those		iod potom.	
		Na	me		Street address,	City, State, ZIP code
1. Owner of property		Beverly R W.	ebber		540 Bushy Dr	rive Bowerston 611 44695
2. Complainant if not owner		Justin T W.	ebb-er		2257 PyleRd, Do	over OH, 44622
3. Complainant's agent						
4. Telephone number and e		•	on ,		60 212	6 1 Car
330-	407	1-6583	JU.	5+11	n. Webber 2019	10gmailicon
5. Complainant's relationshi	p to pro	pperty, if not owner	Grandmot	her	rs Property	
	lf mo	re than one parcel is	included, see "M	lultip	le Parcels" Instruction.	
6. Parcel numbers from tax	bill				Address of property	
150000 981000	)		90450 Plum	Ru	n Rd, Bowerston O	H, 44695
					The state of the s	
7. Principal use of property	K.	esidence/C	arrently	Un	inhabited	
8. The increase or decrease			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			ve -0- in Column C.
Parcel number	Co	Column A omplainant's Opinion of Value (Full Market Value)		(	Column B Current Value Full Market Value)	Column C Change in Value
150000981000		5 000		10	2866	27862
9. The requested change in Attached At		-	•	iou	of property	
10. Was property sold within and sale price \$					vn If yes, show date of sa	
11. If property was not sold be						
12. If any improvements wer	e com	pleted in the last three	years, show date		and total	al cost \$
13. Do you intend to present	the te	stimony or report of a	nrofessional annrai	isar?	Vos □ No □ Hr	aknown

FEB 1 0 2025

Tax year\_\_\_2024

BOR no. 3402-2415

DTE 1 Rev. 08/21

County Harrison

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

ALLISON M. ANDERSON And Edition of Real Property

And Data Glastions 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					
		Na	me			Street address, (	City, State, ZIP code
1. Owner of property		David + Michel	e	Hourie	R	45193 Cadiz	Harrisville Rd
2. Complainant if not own	er		•			Cadiz 0	H 43907
3. Complainant's agent				•			
4. Telephone number of co	ontact pe	erson 734-77	71-3	3536			
5. Email address of compl	ainant	michele K 39	0	yaha	0,0	om	
6. Complainant's relations	hip to pr			U			
	lf n	nore than one parcel i	is inclu	uded, see	"Multi	ple Parcels" on back.	
7. Parcel numbers from ta	x bill				·	Address of property	***
26 00004	730	XXX					
8. Principal use of propert	٧						
9. The increase or decreas	se in mai	rket value sought. Coun	iter-con	mplaints su	pportin	ig auditor's value may hay	ve -0- in Column C.
Parcel number	С	Column A omplainant's Opinior (Full Market Val		alue	(F	Column B Current Value Full Market Value)	Column C Change in Value
21.000473000	To	be certain	of			<b>23</b> 273,260	
	buil	dona accuso	teli	1		,	
		urell and a	ccal	wheel (	W		•
10. The requested change would like accurate dos Corrected.	in value Les Plea	e is justified for the follow e building of build of ise Call To	wing re CANA SANA	easons: enea in	SCIV COT	red, picture rect descri uner Apt,	of more ptions Thank You
11. Was property sold with and sale price \$	I but was vere com- ent the te r comple nange re 715.19(/ sold in an	ist three years? [ ] Ye ; and attach info listed for sale in the last three estimony or report of a sint on this parcel since equested must be one ca)(2) for a complete exp n arm's length transactivas added to the prop	rmation three y years, profess the last of those blanation erty.	No Un explained years, attack, show date sional appraise below. Plon The Occoeconom	Inknow d in "In ch a co e	structions for Line 11" on py of listing agreement or and total an	back. other available evidence. al cost \$ sknown in the county, the A/A splain on attached sualty. had a substantial and the stantial accounts the
I declare under penalties of knowledge and belief is true.			cluding	g any attao ı	hment	s) has been examined by	me and to the best of my
Date 2-10-2625	Comp	plainant or agent Mu	Vul.	2 Hon Signature	nes	Title (if agent) _	
Sworn to and signed in my Notary	y presen	ge, this 10	) LH	•	day of	<u> Fb</u>	yers yer Nov Allin

TIMITIOON CO.		Tax year		BOR no. 340	1-24/4	9	DTE 1 Rev. 12/22
FEB 11 2025		County					
ALLISQNs MA aMND AUDITOR This form		Attach ad II market value comp ☐ Original c	ditional pages if I	necessary. ther complaints s unter complaint			
			me			y, State, ZIP cod	
1. Owner of property	····	Dougla	5 Everet	+71644	holfes (	rossina	RDSE
2. Complainant if not own	er	~				<u> </u>	
3. Complainant's agent							
4. Telephone number and $\frac{2}{3}$ 0		Idress of contact perso					
5. Complainant's relations	hip to pro	operty, if not owner					
	if mo	re than one parcel is	included, see "M	ultiple Parcels" li	nstruction.		
6. Parcel numbers from ta	x lilid x		2	Address	of property		,
						The state of the s	
		The second secon					- Commonweal of the Commonweal
7. Principal use of propert							
8. The increase or decreas	se in mar	ket value sought. Coun	ter-complaints sup	porting auditor's va	llue may have -	0- in Column C.	
Parcel number	Co	Column A omplainant's Opinior (Full Market Val		Column I Current Va (Full Market \	lue	Column C Change in Va	
15-0066		0		1000		-1000	7
15-0000555.00	00 6	Chunge Cla	155				
		<b>y</b>					
9. The requested change		•	•		•		
Des-	tori	1 9-2	.4	non Bu	ussine	25	
10. Was property sold with		•		•	_		
11. If property was not sold	but was	listed for sale in the last	three years, attach	a copy of listing ag	reement or othe	er available evide	nce.
12. If any improvements w	ere com	pleted in the last three	years, show date	· Control of the cont	and total co	ost \$	•

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

Yes K No 
Unknown

RECEI	VED
HARRISON	COUNTY

RECEIVED HARRISON COU	\ <del>ITV</del>								
77711110014 0001	Ta	xyear 20	25	ВОК по. 340 G	3.2415	1	DTE 1 Rev 12/22		
FEB <b>1 1</b> 2025				Date received	عالي السيام والأن المعادد والمعادد والم				
	RGGN and typ	e or print all li Attach a ket value com Original	nformation. Read ditional pages plaints only. All complaint	tion of Real P d Instructions on bad if necessary. other complaints sh Counter complaint se named below.	k before cor	mpleting form.	·		
and the second s		N	lame	Street	address, Cit	y, State, ZIP co	ode		
1. Owner of property			<u> </u>				<del></del>		
2. Complainant if not owner	or <i>C i</i>	RAIG BI	ROKaW	38750	LUNDY A	Ridge ROAL	D Scio,		
3. Complainant's agent			مار المناسبة ، وها سنامار بالمناسبة في المناسبة ، والمناسبة ، والمناسبة ، والمناسبة ، والمناسبة ، والمناسبة ،			entimental sales personal sections	<del></del>		
4. Telephone number and 740-945-5				intier.com					
5. Complainant's relations						فتعديد فللمراجع والأربادة والأوجوب والمنطور			
	If more tha	n one parcel i	is included, see	"Multiple Parcels" in	struction.				
6. Parcel numbers from tax bill				Address of property					
040000186400			OH-HARRI.	SON Co Cadiz	TWP R5	T10 52	2		
040000 1034	102		OH HARRISO	ON CO-CADIZ -	TWP RE	5 TIO 5	スス		
7. Principal use of propert	MINEA	RAL RIGH	175		4 ac 1 ac				
8. The increase or decreas	e in market val	ue saught. Cou	unter-complaints s	upporting auditor's val	ue may have	-0- in Column C	\ }_ =byrequere.tm####################################		
Parcel number		Column A inant's Opinio ull Market Va	on of Value	Column E Current Val (Full Market V	ue	Column Change in			
040000 186400	\$5.0'	16. 400	**************************************	10,583 70	0	5,507 10	1100		
040000103402	*10,	10/100		12.525	1100 8				
9. The requested change in	• • • • • •		•	1. 1 <i>ts</i>	<u></u>				
10. Was property sold with							under der vertigen der vertigen der der vertigen der der vertigen der der vertigen der der der vertigen der de		
11. If property was not sold	but was listed f	or sale in the la	ist three years, atta	ach a copy of listing agr	eement or oth	ier available evi	dence.		
12. If any improvements w	ere completed	in the last thre	e years, show da	ite	_ and total o	cost \$			
13. Do you intend to prese	ent the testimor	y or report of a	a professional ap	praiser? 🗍 Yes 💢 I	No □ Unkr	rown			

				НДЕ	RECEIVED
		Tax vear		BOR no. 3402-24	DTE 1 Rev. 12/22
		County		Date received	FEB 1 8 2023
		Dlaint Against nd type or print all int Attach ad Il market value comp	the Valuation formation. Read in ditional pages if r	on of Real Propositive to the latest person of Real Propositions on back being the latest person of Real Propositions of Real Propositi	ONLYM. ANDERSON ore And Anderson use DTE Form 2
		Na	me	Street addre	ess, City, State, ZIP code
1. Owner of property		Tom + Stephan	ie Snyder	43537 Upper	Clearfork Rd Codin C
2. Complainant if not own	er	Vigey Snyder	(deceased)		V
3. Complainant's agent					
4. Telephone number and 740.491.0138	3	Sonyderhoo	@gmail. Or	M ·	
5. Complainant's relations		· · · · · · · · · · · · · · · · · · ·	SOVI	ultiple Parcels" Instruc	tion
	-	ore than one parcer is	meladea, see M	-	
6. Parcel numbers from ta	IX DIII			Address of pro	perty
!		*···			
				Think the transfer of the tran	——————————————————————————————————————
7. Principal use of propert	У				
8. The increase or decreas	se in mar	ket value sought. Coun	ter-complaints sup	porting auditor's value ma	y have -0- in Column C.
Parcel number	С	Column A omplainant's Opinior (Full Market Val		Column B Current Value (Full Market Value)	Column C Change in Value
01-0008,999999		0		2401	-2401
10. Was property sold with	d Undown	tom down with trailor city.  I. St three years?  Ye	in 2025. When the here we have the here. We have the here we have the here we have the here we have the here we have the here. We have the here we have the here we have the here we have the here. We have the here we have the here we have the here we have the here. We have the here we have the here we have the here.		
11. II property was not sold	ามนเ พชร	iisted tot sale in the last	unee years, attach	a copy or iisting agreeme	nt or other available evidence.
12. If any improvements v	vere com	pleted in the last three	years, show date	, an	d total cost \$
13. Do you intend to prese	ent the te	estimony or report of a	professional appra	iser? ☐ Yes 🔀 No ☐	] Unknown

) (1)	NITY						
J	iaigi :OUNT	Υ					
F 202					71. 0 - (/1	^	DTE 1
Fitting 3		Tax year		_ BC	OR no. 340 2-24/1	9	Rev. 12/22
		County		_ Da	te received		
7. 1.	Comp	slaint Agains	t the Valuat	ion	of Real Propert uctions on back before of ssarv.	У	
. Answer âli'quê AUDII	stions a UH	ndtype or print all i⊪ Attach a	nformation. Read dditional pages i	instri nece	uctions on back before ( ssarv.	completing form.	
This form	is for fu	ill market value com		other	complaints should use l	DTE Form 2	
	·	<del>,                                      </del>	e sent only to thos	e nan			
		N	lame			City, State, ZIP co	
1. Owner of property		Luke Turr	recz		41445 Datch Ridge	Rd Jear	47786
2. Complainant if not own	er						
3. Complainant's agent							
4. Telephone number and							
702-376-70	287	E STATE	31 luke turn	ر د	smil.com		
5. Complainant's relations					V		
	If mo	ore than one parcel i	is included, see "	Multip	le Parcels" Instruction.		
6. Parcel numbers from ta	x bill				Address of property		
7. Principal use of proper	v		*				
8. The increase or decrease		ket value sought. Cou	ınter-complaints su	oporti	ng auditor's value may ha	/e -0- in Column C	
					Column B	Column	
Parcel number	C	Column A complainant's Opinion of Value			Column B Current Value	Column Change in V	_
		(Full Market Value)		(Full Market Value)			
77.00.00.00	10	7.1000		ß	/m 210	77 210	>
23-0007484.000		(1000			40,310	33,310	
9. The requested change	in value	is justified for the folk	owing reasons:				
I puchosed a	11 +4	0 00 5 cals +	methor Fo	ر پر 6 س	27,000,		
	. , , ,	e pai eas	7.		,		
						-	
10. Was property sold with	nin the la	st three years? 🔟 🖯	Yes □ No □ L	Inknov	vn If yes, show date of sa	ale <u>2/17/2</u>	023
_					nstructions for Line 10" on	, ,	
11. If property was not solo	but was	listed for sale in the la	st three years, attac	ch a co	ppy of listing agreement or	other available evid	lence.
12. If any improvements v	ere com	pleted in the last thre	e years, show date	e	and tota	al cost \$	
13. Do you intend to pres	ent the te	estimony or report of a	a professional app	aiser?	' ☐ Yes ☐ No ☐ Ur	ıknown	

3401-2420 **RECEIVED** \_\_\_\_\_\_ BOR no. \_\_\_\_ HARRISON COUNTEYM Tax year\_\_\_ Rev. 02/19 County\_\_\_\_\_ \_\_\_\_\_ Date received \_\_\_ Complaint Against the Valuation of a Manufactured or Mobile Home Taxed Like Real Property, USON M ANDERSON 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 Richard BEST 89995 RALDWIN RO DENNISOU OH! 44621 330-432-1228 4. Telephone number of contact person 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 89995 BALDWIN Rd

***************************************			
8. Principal use of home			
9. The increase or decrea	se in market value sought. Counter-complai	nts supporting auditor's value may h	ave -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
	in value is justified for the following reason		
•	later lines, Vindows wou		To bo livoble
and sale price \$	overnent was added to the home.  ecouple perjury that this complaint (including any use, correct and complete.	lained in "Instructions for Line 11" of a track a copy of listing agreement or contact and to a superaiser? ☐ Yes ☒ No ☐ Leppraisal or update of property value ow. Please check all that apply and ☐ The home lost value due to a cast ☐ Occupancy change of at least 15% conomic impact on my property.	n back. other available evidence. otal cost \$ Inknown is in the county, the explain on attached lialty. 6 had a substantial
Sworn to and signed in my	presence, this	nature day of	NAME OF THE PARTY

1. Owner of home

2. Complainant if not owner 3. Complainant's agent

15-0006

Tax year,		BOR no. 340	2-24/21	FEB <b>2 4</b> 202	5 DTE 2 Rev. 12/22
				LISON M. AND	NEDSON -
,-			AL	LISONTM. AND AUDITOR	
Complaint Against  Use this form to file board of revis against market value should be file on the	ion complaints regarding as:	sessment issues ver all questions a m. Attach additionaint ☐ Counte	other than the mari and type or print all nal pages as neces r complaint	ket value of property information. Read t	/, Complaints
	Name			Iress, City, State, Z	IP code
1) Owner of property	Derloon Family Trust	Roser Doklas	76155 CA	idi-NouAffe,	NKO
Complainant if not owner				,04 4390	
3) Complainant's agent		:	<u> </u>		
4) Telephone number of contact per	son 240) 310-975	<i>(</i> :			
5) Email address of complainant	rediro4 Batt.ne	4			
6) Complainant's relationship to pro		: : :			
	than one parcel number is	included, see "l	Multiple Parcels"	on back	
7) Parcel numbér from tax bill	# Acres, if applicable		ess of property		
01-0000388.003	3(.57	;			
		** *			
•		3			
☐ The classification of property ☐ The classification of property ☐ The denial of a CAUV applicati ☐ The valuation of property on t ☐ Determination whether good of ☐ Determination of whether good of ☐ The denial of the partial exem  9) If the complaint is seeking a chancomplete this line.	under RC 319.302. ion filed under RC 5713.32 or the agricultural land tax list. ause exists for land on the CA cause exists for the failure to fike option of a qualifying child ca	NUV program to re a a CAUV renewal re center under F	main idle under RC application pursuant RC 323.16.	5713.30(A)(4). to RC 5713.351. pealing other issues o	do not need to umn C
Parcel number C	omplainant's Opinion of V (Full Market Value)	/alue (	Current Value Full Market Value	Change	e in Value
UN-0000388.003 K	leinstate To CA	uv.vale			
10) The requested change is justified	est to be fut	Sack on	CHUV a	nd remove	Ples
11) If the complainant is a legislative complainant, R.C. 5715.19(A)(8  The complainant has complied adoption of the resolution resolution resolution.	<ul> <li>requires this section to be ed with the requirements of R</li> </ul>	completed. .C. section 5715.1	19(A)(6)(b) and (7) a	and provided notice p	prior to the
				.w.	Manualling
I declare under penalty of perjury the edge and belief is true, correct, and Date 2-24-2025 Company	at this complaint (including a	ny attachments) i	has been examined	11.07	AND STATE

RECEIVED
HARRISON COUNTY
Tax year\_\_\_\_\_\_BOR no. 3402.2422 Rev. 12/22

		County		ate speciment	FEB <b>2 4</b> 2025
4	Comr	**************************************		ate received of Real Proper	······································
Answer all que	stions a	nd type or print all in	tile valuation formation. Read inst	ructions on back Mark	<b>ty</b> 30 <b>0N</b> pillangANDERSON
		Attach ad	ditional pages if nec	essary.	AUDITOR
Inis form	is for tu		laints only. All other complaint 🔲 Count	r complaints should use er complaint	DTE Form 2
			sent only to those na		
		L	me		City, State, ZIP code
1. Owner of property		William E.T	oker Sr.	47668 TOKER	Rd. Hopedale, Ohio
2. Complainant if not own	ər				,
3. Complainant's agent		:			
4. Telephone number and	email ac	dress of contact perso	740-94	16-5411	
5. Complainant's relations	hip to pr	operty, if not owner			
The second secon	lf mo	ore than one parcel is	included, see "Mult	iple Parcels" Instruction	•
6. Parcel numbers from ta	x bill			Address of property	v
7. Principal use of propert	у				
8. The increase or decreas	se in mar	ket value sought. Cour	ter-complaints suppor	ting auditor's value may ha	ave -0- in Column C.
		Column A		Column B	Column C
Parcel number	C	omplainant's Opinior	n of Value	Current Value	Change in Value
		(Full Market Val		(Full Market Value)	
11-0032	•	<u> </u>		1150	-1150
,, 00.01			:		1//20
9. The requested change	in value	is justified for the follov	ving reasons:		
Got it for	fre	e for fra	me		
10. Was property sold with	nin the la	st three years? 🔲 Ye	es ⊠ No 🔲 Unkno	own If yes, show date of s	ale
and sale price \$		; and attach info	rmation explained in "	Instructions for Line 10" or	n back.
11. If property was not sold	but was	listed for sale in the last	three years, attach a c	copy of listing agreement or	other available evidence.
12. If any improvements w	ere com	pleted in the last three	years, show date	and to	tal cost \$
13. Do you intend to prese	ent the te	estimony or report of a	professional appraise	r? ☐ Yes 🗑 No ☐ U	nknown

Tax ye	ar BOR n	.4/01	1-2423	FEB <b>2 4</b> 2025 DTE 2
	/Date re			- ANDERSON
Complaint Agains Use this form to file board of re against market value should be t	t the Assessment of Revision complaints regarding assessment iled on the DTE Form 1. Answer all quithe back before completing form. Attack Original complaint Notices will be sent only to the	al Pro at issues d estions a h addition Counter	perty Other that other than the market valued type or print all informal pages as necessary. complaint	lue of property. Complaints
	Name	1		City, State, ZIP code
1) Owner of property	Bruce A + John L.	mars	79480 h 200 borg	Rd Cald Orio
2) Complainant if not owner		0		
3) Complainant's agent				
4) Telephone number of contact p	erson 740-544-4449			
5) Email address of complainant	non			
6) Complainant's relationship to p				
	e than one parcel number is include	d see "N	fultinle Parcels" on had	ck
7) Parcel number from tax bill	# Acres, if applicable		ss of property	
36000079001	)		180 Lanbon RA	Cal. 2 Ch, D
250000079813	130.0493		1	
2500000 79002	40.18		ļr	
240000243002	38.8230		It	
☐ The valuation of property or ☐ Determination whether good ☐ Determination of whether goo ☐ The denial of the partial execution of the complete this line.	ation filed under RC 5713.32 or the converted the agricultural land tax list.  cause exists for land on the CAUV programmer to file a CAUV emption of a qualifying child care centered in the value of the property, completed to the complete Column A Complainant's Opinion of Value (Full Market Value)	ram to rem renewal a r under Ro ete line 9.	nain idle under RC 5713.3 application pursuant to RC ( C 323.16.	80(A)(4). 5713.351.
		1		
			· · · · · · · · · · · · · · · · · · ·	
	fied for the following reasons: Cor Luc to a missed appet	CZHON	Vlestyeer.	operty not owned by the
complainant, R.C. 5715.19(A)  The complainant has comp adoption of the resolution	(8) requires this section to be complete lied with the requirements of R.C. section required by division (A)(6)(b) of that se	d. on 5715.19 ction as re	9(A)(6)(b) and (7) and pro equired by division (A)(7)	ovided notice prior to the ) of that section.
edge and belief is true, correct, ar	mplainant or agent Succession Signal	Posta	Title (if agent)	
Notary Signature	Flele	uay ui		year Zoci

FEB <b>2 6</b> 2025 Tax year	•	BOR no. 34	62-2424	DTE 2 Rev. 12/22
ALLISON M. ANDERS	ON	Date received		
AUDITOR				10
Complaint Against	the Assessment	of Real Pr	operty Other tha	an Market Value
Use this form to file board of revi against market value should be file	sion complaints regarding as	sessment issues	other than the market val	lue of property. Complainte
on th	e back before completing for	ver an questions m. Attach additi	and type or print all inform onal pages as necessary,	lation. Read the instructions
	Original compl	aint 🔲 Counte	er complaint	
	Notices will be sent	only to those na		
NA	Name			City, State, ZIP code
) Owner of property	Thomas E Noi	e) mon		len Aux Unioutowa
Complainant if not owner     Complainant's agent			04,4468	5
Telephone number of contact per	roon 220 1/7/	~~~		
i) Email address of complainant	rson 330-475 tentichiasb		/	
) Complainant's relationship to pro		EGIONAI.	Net	
	than one parcel number is	included see "	Multiple Parcels" on had	
) Parcel number from tax bill	# Acres, if applicable		ess of property	-1N
20-00007410200			coo or property	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O TOTAL CONTROL OF THE PARTY OF
) Indicate the reason for this comp				
<ul><li>The classification of property</li><li>The classification of property</li></ul>				
The denial of a CAUV application		the conversion of	CAUV property under RC	5713,35.
☐ The valuation of property on t	the agricultural land tax list.			
Determination whether good co				
<ul><li>Determination of whether good</li><li>The denial of the partial exem</li></ul>				5/13.351,
) If the complaint is seeking a chan-				other issues do not need to
complete this line.	Column A		Column B	Column C
Parcel number C	omplainant's Opinion of V		Current Value	Change in Value
20 555 74 J	(Full Market Value)		(Full Market Value)	
20-000746,001	CAU Va	VE		
0) The requested change is justifie	d for the following reasons:	Reamesi	- reinstatmen	+of CXUV.
andrecoupment	-	taxes		
•			WHITING .	
1) if the complainant is a legislative complainant, R.C. 5715.19(A)(8	authority and the complaint	is an original co	mplaint with respect to pro	perty not owned by the
The complainant has complie adoption of the resolution re-	d with the requirements of R.	C. section 5715	9(A)(6)(b) and (7) and pro	vided notice, phidnic the
2200110111010000001110	delice by division (A)(O)(D) o	mat aconon as,		My Commission Expires
				しばかんしんりつバソ
declare under penalty of perjury the	at this complaint (including a	ny attachments) l	nas been examined by me	and to the best of my knowl-
dge and belief is true, correct, and Date <u>ファスタースの区</u> のmp		3 56,	TH- 191	•
$\bigcirc$ i	nieth	Signature	Title (if agent)	000
Sworn to and signed in my-present	ce this	day o	<u>r tebruciy</u>	year <u>3036</u>
Notary Children 7	<del>- 1549/1</del> (1)		$\searrow$	

TIAITINGOIT SOCIA	Tax year	B	OR no. <u>3402 -24</u>	DTE 1 Rev. 08/21
MAR $-3 2025$	County Harri	<i>50</i> 4 D	ate received	
ALLISON nower ANDERSONS AUDITOR This form is for	plaint Against and type or print all in Attach ad full market value comp	the Valuation formation. Read inst Iditional pages if nec	of Real Propert ructions on back before d essary. complaints should use D er complaint	
	1	ime		City, State, ZIP code
Owner of property	Gary Zim	merman	168 Lynn Rd, W.	ushingkn PA15301
2. Complainant if not owner				0
3. Complainant's agent				
4. Telephone number of contact	person330383 /	953		
5. Email address of complainant			om	
6. Complainant's relationship to	~	0		
lf	more than one parcel	is included, see "Mu	Itiple Parcels" on back.	
7. Parcel numbers from tax bill			Address of property	
23-0000 787.	400	Flemi		1.0H 4/8986
23-0000 787	.402	Flemi	ng Rd, Jowet	OH 43986
8. Principal use of property	Minerals			
9. The increase or decrease in m	arket value sought. Cour	nter-complaints suppor	ting auditor's value may hav	re -0- in Column C.
Parcel number	Column A Complainant's Opinio (Full Market Val		Column B Current Value (Eull-Market Value)	Column C Chan <del>ge in V</del> alue
			The state of the s	
10. The requested change in val If a my brother of have been paying would like to re	ue is justified for the follo ) wh the sur 3 tax on t sover those	be mineral	hese 2 pance since taxya	ils that we lar 2017. I
11. Was property sold within the	last three years?  Ye	es 🕅 No 🗍 Unkno	wn If yes, show date of sa	le
and sale price \$  12. If property was not sold but was 13. If any improvements were constant to present the 15. If you have filed a prior compresson for the valuation change sheet. See R.C. section 5715.19  The property was sold in A substantial improvement.	; and attach info as listed for sale in the las impleted in the last three testimony or report of a plaint on this parcel since requested must be one of (A)(2) for a complete ex an arm's length transact	ormation explained in " It three years, attach a de years, show date professional appraise to the last reappraisal of those below. Please planation The property Occupan	Instructions for Line 11" on copy of listing agreement or common and total and total and total arrows and total arrows and total arrows and and arrows and and arrows and and arrows arrows and arrows	back. other available evidence. al cost \$ known in the county, the kplain on attached
I declare under penalties of perju knowledge and belief is true, cor Date 3 3 - 2025 Cor	rect and complete.	cluding any attachment	~	me and to the Dest of my
Sworn to and signed in my prese	· う.	Signature day	<b>-7</b> 1//	year 2
Notary Signature	like	•	/	EXP. NOTE

HARRISON C	OUNT	Tax vear			Re	OR no.	3402	. 24	26		TE 1
MAR - 3, 20	025							<u>.                                    </u>	<u> </u>	re	ev. 12/22
ALLISON eMII (A) AUDITO This form	CHILLIE	Dlaint Aga QNype or prin Att Ill market value □ O	inst it all in ach ad comp riginal d	the Valu	ation ead instr s if nece All other Counte	of Reaructions or essary. complainter complaint	I Prop back be s should	fore co	ompletina fa	orm.	
			Na	me		St	reet addr	ess, C	ity, State, Zl	P code	
1. Owner of property		James	Latt	1611		49537	Che	y	Valley	RJ	Cadiz
2. Complainant if not own	ner						*				
3. Complainant's agent								••••			
4. Telephone number and	d email ad	ldress of contac	t perso	n 740.	491-	2612					
5. Complainant's relation	ship to pro	operty, if not ow	ner								
	lf mo	re than one pa	rcel is	included, se	e "Multi;	ole Parcels	" Instruc	tion.			
6. Parcel numbers from to	ax bill	**************************************				Addre	ess of prop	perty			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										***	
									Paris		
7. Principal use of proper	ty		· · · · · · · · · · · · · · · · · · ·								-
8. The increase or decrea	se in marl	ket value sought	. Coun	ter-complaints	supporti	ng auditor's	value ma	y have	-0- in Colum	n C.	
Parcel number	Co	Colur omplainant's O (Full Mark	pinion		(	Colum Current Full Marke	Value		Colui Change		e
3-0000724-000		10,000				25,09 C	>		5,09	<del></del>	
							· · · · · · · · · · · · · · · · · · ·		<u> </u>		******
						***************************************			**************************************		
9. The requested change This is No electric or	the	on 13-	037-	000 D	elete,	) Par	el)	Hou	se is	unli	veable,
10. Was property sold with and sale price \$ _ <u></u>	nin the las	t three years?	Ye	s 🗌 No 🗍						. Zoʻ	<u></u> J
11. If property was not sold	but was li	sted for sale in t	he last	three years, at	ach a co	py of listing	agreemen	t or oth	er available (	evidence	<b>)</b> .
2. If any improvements w	ere comp	leted in the last	three	years, show d	ate		and	l total c	ost \$	NA	<u> </u>
3. Do you intend to prese	nt the tes	timony or repor	t of a p	rofessional ap	praiser?	Yes [	] No ∑(	Unkn	own		

MΔR <b>- 3</b> 202 Tax year.	В	OR no. <u>3</u> (	102-242	7_	DTE 2 Rev. 12/22
		ate received .			
ALLISON M. ANDERSO Complaint Bainst Use this form to file board of revisagainst market value should be file	N the Assessment of ion complaints regarding asses	Real Prospersions all questions Attach addition	operty Other other than the marke and type or print all ir onal pages as necess or complaint	et value of property.	Complaints
	Name		Street addre	ess, City, State, Zi	P code
1) Owner of property	Tanner & Kaylee Be	erdall	229 NU High	St Freeport	40H4598
2) Complainant if not owner					
3) Complainant's agent					
4) Telephone number of contact per	son Tanner 740-	229 - 694	17 , Kayek	330-540-	9166
5) Email address of complainant	Bardall, Tame Q.	www.ce	ym		
6) Complainant's relationship to pro		<del></del>			
	than one parcel number is inc			1 back	
7) Parcel number from tax bill	# Acres, if applicable		ess of property		
<u>090000 22500  </u>	39.007	312	80 Predmunt 1	Greepert 160	Froger Of
<u>090000 723000</u>	69.6660				
☐ The valuation of property on the ☐ Determination whether good can ☐ Determination of whether good can ☐ The denial of the partial exemple of the complaint is seeking a change complete this line.	on filed under RC 5713.32 or the ne agricultural land tax list. use exists for land on the CAUV ause exists for the failure to file a Coption of a qualifying child care on the value of the property, co	program to re CAUV renewal enter under F emplete line 9	main idle under RC 57 application pursuant to RC 323.16. Complainants appea	713.30(A)(4). RC 5713.351. aling other issues do	mn C
Tarcer number CC	omplainant's Opinion of Value (Full Market Value)		Current Value Full Market Value)	Change	in Value
10) The requested change is justified to land, unknowing a		we ha	did not Ale	Ourchased Cour	the
If the complainant is a legislative complainant, R.C. 5715.19(A)(8)     The complainant has complied adoption of the resolution required.	requires this section to be com	pleted. ection 5715.1	9(A)(6)(b) and (7) and	d provided notice pr	ior to the
declare under penalty of perjury that dge and belief is true, correct, and of Date 3-2-2 Completions C	alnant or agent	ignature day of	Title (if age		2025

MAR - 3 2025		Tax year		_ вок no. <i>34</i> /	02-24	128	DTE 1 Rev. 12/22
ALLISON M. AND	ERSON Comp stions a	County Daint Against and type or print all in	the Valuet	ion of Pos	l Dropor	ty	
		Aπacn ac Il market value comp ⊟ Original	iditional pages i plaints only. All	f necessary. other complaints counter complaint			11111
		Na	nme	Str	eet address,	, City, State, ZII	code
1. Owner of property		GREGORY '	ROGERS	4035	WATERCO	IVRSE MEA	INA OH
2. Complainant if not own	er						44256
3. Complainant's agent					***	·	
4. Telephone number and		dress of contact personal $-71$					
5. Complainant's relations	hip to pro	operty, if not owner					
	If mo	re than one parcel is	included, see "	Multiple Parcels	' Instruction	,	
6. Parcel numbers from to	x bill			Addre	ss of propert	y	
years American American				STATE OF THE PARTY			
				·			
				No. of Concession, Name of Street, or other Desired Concession, Name of Street, Original Concession, Name of St			
7. Principal use of propert						The state of the s	
8. The increase or decrease	se in mari	ket value sought. Cour	nter-complaints su	pporting auditor's	value may ha	ave -0- in Colum	n C.
Parcel number	Co	Column A omplainant's Opinior (Full Market Val		Colum Current \ (Full Marke	/alue	Colui Change	
20-0031	J	0		\$ 1500		/50	70
9. The requested change	in value is	s justified for the follow	ving reasons:	20 h 0	100 a	PARTIGO	
destroyed	(),siq	is, fixees	7 D. 118-81	011 111	/	17200	
10. Was property sold with			•				-
11. If property was not sold							evidence.
12. If any improvements w	ere comp	pleted in the last three	years, show date	Contraction of the Contraction o	and tot	tal cost \$	- I

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

Yes 

No 

Vinknown

	Tax year		_ BC	OR no. 3402-21	129 MAR	6 2025 Rev. 12/22
	County		_ Da	te received		
Allower all question	r full market value com ☐ Original	dditional pages i	nece other ounter	ssary. complaints should r complaint	iore comp	STATE AND A COM
		ame	e nan	<del>                                      </del>	ess, City, S	tate, ZIP code
Owner of property	Stephanie	Schott				e Rd Sc10, OH
2. Complainant if not owner	•				<del>34</del> 9	21000.00
3. Complainant's agent						
4. Telephone number and emai	•	on				
5. Complainant's relationship to	property, if not owner					
If	more than one parcel is	s included, see "	Multip	le Parcels" Instruc	tion.	
6. Parcel numbers from tax-bill				Address of pro	perty	
		- Annual Control of the Control of t				
7. Principal use of property						
8. The increase or decrease in r	narket value sought. Cou	nter-complaints su	pportir	ng auditor's value ma	ny have -0- i	1 Column C.
Parcel number	Column A Complainant's Opinio (Full Market Va		(1	Column B Current Value Full Market Value)		Column C Change in Value
20-0077	#O		41	39,630.∞		\$ 39,630.00
9. The requested change in value しょうしょう しょうしゅう しゅうしゅう しゅう	ue is justified for the follo	wing reasons: Nd dogs 1	Üşr	ig uncaged	in h	. 92oc
10. Was property sold within the and sale price \$ 30.000	> ooo ; and attach info Sur€ace as listed for sale in the las	ormation explained	din "In chaco	nstructions for Line 1	0⁵ on back. nt or other a	vailable evidence.
<ul><li>12. If any improvements were c</li><li>13. Do you intend to present the</li></ul>						

3402-2430

JUL 1 2024

	Id	y Aegi		BOR no.	- AFFIOL	<u> JN W. ANDER</u>	150 NH/2
	Co	ounty		Date received .		AUDITOR	•
Complaint Aga Use this form to file board against market value should	inst the A	Assessment	of Real F sessment issuver all question m. Attach add aint Cou	roperty C les other than the is and type or p ditional pages as nter complaint	e market val rint all inform i necessary	ue of property. Con	
		Name		Stre	et address:	City, State, ZIP coo	
Owner of property	JAN	hes tsheller	CAECELT	:	<del></del>	Rd CADIZON	
Complainant if not owner		· - / = 1010y	<u> </u>	773000		KE CHUIDON	<u>7240</u>
Complainant's agent		- विकास सम्बद्धाः स्थापना । विकास			entre de la maray e i		
Telephone number of con	tact person	230 378 21	478	Tames co	アピグラー	*	<del></del>
Email address of complain		AMESCOFFE		HOTMAIL.			
Complainant's relationshi				IU) MAJLO	OUTES		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 1,5 g	ne parcel number is	ingluidia i	113 7 . 141 . 1 . m			
Parcel number from tax b	1	Acres, if applicable		dress of proper		SK -	·
6 0000 146 00		253,97				kanterer e	
36 0000 031 00	····	122,39		RANSON F		· · · · · · · · · · · · · · · · · · ·	
			<u>:                                    </u>	Clears C	N. SAR.	2 K	val us
02 8000 057 0	<u>o&gt;                                    </u>	12,22		NO BUI	01~15		
☐ The denial of a CAUV a ☐ The valuation of prope ☐ Determination whether ☐ Determination of whether ☐ The denial of the partial If the complaint is seeking	rty on the agric good cause ex ir good cause ex al exemption of	cultural (and tax list. ists for land on the CAI dsts for the failure to file f a qualifying child car	UV program to a CAUV renew e center unde	remain idle unde al application pur r RC 323,16.	r RC 5713,30 suant to RC 5	D(A)(4). 713.351.	 leed to
complete this line.				•	- · · · · · · · · · · · · · · · · · · ·	• •	
Parcel number		Column A nant's Opinion of Va ull Market Value)	alue	Column Current Va (Full Market V	lue .	Column C Change in Val	ue
26 0000 146 000	7 Years 0)	9. 120/c NRW.		10K/ 47	030	37030	7.
60000081001	PRESENT AF	Purchase	0	5890/0		2410/0	
2000057005	VACA	٠, ٦٠		3290/0	-	1150/0	
) The requested change is	justified for the	e following reasons:			•		لــــــا
	<u> </u>	1177					
	, I GREGOR	10 - NO					,
leclare under penalty of pelge and belief is true, correctly ate 6 28 - 24.	Ografiant	2/	y attachments  Gfld Signature day	Title	(if agent)	and to the best of m  o   year   202	y knowi-
Notary (19 8) Signate	Ire ATE O	OHIO, II					

	Tax year 2023	BOR no 3402- 6	743/ DTE: Rev. 08/2
	County HARRISON	Date received	LLISON M. ANDERSON  AUDITOR
Use this form to file board of revisi- against market value should be filed	the Assessment of Real ion complaints regarding assessment is d on the DTE Form 1. Answer all quest back before completing form. Attach a Original complaint C Notices will be sent only to those	sues other than the mar ions and type or print all additional pages as neces ounter complaint	r than Market Value ket value of property. Complaints information. Read the instructions
	Name	Street add	Iress, City, State, ZIP code
1) Owner of property	JAMES & Shelley COFFEL	7 77500 JAMIS	SON RO, CADIZ OH 4390
2) Complainant if not owner			
3) Complainant's agent			
4) Telephone number of contact pers	son JAMES COFFELT	330 328 4	1470
5) Email address of complainant	FAMES 60 JAMESCOT	FELT @ HOTH	nail.Com
6) Complainant's relationship to prop	perty, if not owner		
If more t	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 Sho	Her Existed of purch.
26 0000 189 000	16.32	$\mathcal{A}(\mathcal{M}_{i})$	71
260000 166 000	81.91	ADANDONED BO	mb Buildings - 2
26-0000			
☐ The valuation of property on the ☐ Determination whether good ca ☐ Determination of whether good ca	under RC 319.302. on filed under RC 5713.32 or the convers	n to remain idle under RC newal application pursuant	5713,30(A)(4).
If the complaint is seeking a chang complete this line.	ge in the value of the property, complete	line 9. Complainants app	ealing other issues do not need to
Parcel number Co	Column A omplainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value	Column C Change in Value
260000097001 Alon	miled of Pursual O	39/0 / 1390	0/1390
260000/89000 11.	PRISONS AT PURMINE	; , , , , ,	630 0/3830
26 0000168000 ABAN	. 4	830/290/0	0/290
	d for the following reasons:		
. Yes	William,		
	CAEGONIO - NO		
Date Confidence of the Notary	marte Separation (a)	ents) has been examined  Title (if ac	gent) year 2024

				.**		
	Tax year	В	OR no	JUL	<u>1 2024</u>	DTE 2 Rev. 08/21
•	County · · · ·	D:	ate received			
Complaint Agains			· Al	LISON N	ANDERS	SON
Complaint Agains Use this form to file board of re against market value should be on	vision complaints regarding filed on the DTE Form 1. An the back before completing t Original com	assessment issues swer all questions	other than the ma and type or print a anal pages as nec er complaint	rket value of	Market Value of property. Con Read the ins	alue nplaints tructions
	Name		<del></del>	Idress, City	State, ZIP cod	de
1) Owner of property	JAMES + Sheller	COFFFLT	77500 JAM			
2) Complainant if not owner				730	CHOIDCH	, 40ki
3) Complainant's agent						
() Telephone number of contact p	person 330 328	1476 JA	mes coff	ELT		
) Email address of complainant	TAMESCOFFE	4 . 13	TMAIL.60			
s) Complainant's relationship to p	roperty, if not owner				•	
. If mo	re than one parcel number	is included, see "	Multiple Parcels"	on back	<b>***</b>	
) Parcel number from tax bill	# Acres, if applicable		ess of property			
02 0000 05 00 9	U 14;52		ANDONGO	BARN	# Company	
020000 041 006	31.18		CANT		· · ·	
26 0000 195 000	3 15.64 86.	58 W	RT OWN	4 NO 6	101/01/06	s (By W
☐ The valuation of property or ☐ Determination whether good ☐ Determination of whether good	ation filed under RC 5713.32 on the agricultural land tax list. cause exists for land on the Cd cause exists for the failure to formation of a qualifying child or	AUV program to rer le a CAUV renewal are center under R	nain idle under RC application pursuant C 323.16.	5713,30(A)(4 to RC 5713.3	<u>1).</u> 851.	need to
Parcel number	Column A Complainant's Opinion of (Full Market Value)		Column B Current Value Full Market Value	e) (1)	Column C Change in Val	
2 606051 602	VALUE.	-0 - 4340	1580	10	15°20	
1.8 6000 641 603	www.	00 7370	12580	10	2580	
26 6000 198 801	<u>)</u>	n 3710	1300/	a 1	300	
0) The requested change is justif	A CHILITY OF	:				
declare under penalty of perjury to the declare under penalty of perjury to the declare and belief is true, correct, and Date 628-24 Communication of the Sworn to and signed in my present the Notary 1997 Communication of the Sworn to and signed in my present the Sworn to an article state of the Sworn to a sworn to	d somelete!	any attachments) h	as been examined Title (if ag	jent) <i>C</i>	to the best of m	y knowl-

JUL 1 2024

	lax year	BOR no.	N M. ANDERSONO8/21
•	County	Date received	AUDITOR_
against market value should be file	the Assessment of Reason complaints regarding assessment of on the DTE Form 1. Answer all que back before completing form. Attact  Original complaint  Notices will be sent only to the	issues other than the market va istions and type or print all inform additional pages as necessary. Counter complaint	an Market Value lue of property. Complaints
	Name		City, State, ZIP code
) Owner of property	JAMES + Sheller COFFE		RD CADIZOH 4390
2) Complainant if not owner	7510107 5077.0	7 77300 Gamijsa w	ATI CHINE OF 420
3) Complainant's agent			
1) Telephone number of contact per	son 330 328 4476	JAMES COFFELT	*
5) Email address of complainant	JAMESCOFFELT @	HOTMAIL.COM	
s) Complainant's relationship to pro			
. If more	than one parcel number is included	See "Multiple Parcele" on he	er a sala
) Parcel number from tax bill	#Acres, if applicable	Address of property	VA.
26 0000 106 000	53.35	NO Buildings	2
26 0000 080 000	60.64	0 9	DE \$2,000
26 0000 065 002	· · · · · · · · · · · · · · · · · · ·	BARE down House	
		THOMAS TOUS	e (Modon)
☐ The valuation of property on the Determination whether good can Determination of whether good on The denial of the partial exemption.	on filed under RC 5713.32 or the conver- ne agricultural land tax list.  Suse exists for land on the CAUV program ause exists for the failure to file a CAUV re- ption of a qualifying child care center use in the value of the property, complete	n to remain idle under RC 5713,30 enewal application pursuant to RC 5 nder RC 323,16.	0(A)(4). 
		<u>,</u>	
Parcel number Co	Column A Implainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
LA cess tok aso o	VOCAM 8	40/294010	2940
24 cass 80 cas \$10	Stile CARN I	178/ 8010 / 1000	100 2910
16 00000 68002 Q	TOAR BOWN 1240	4340 10	4240
0) The requested change is justified	for the following reasons:		
	COURTE CONTRACTOR		-
	20		
declare under penalty of perjury that dge and belief is true, correct and of Date 6-2-8-2-7 Complete 6-2-8-2	aman angain = Jams of	ents) has been examined by me  /// Title (if agent) day of	and to the best of my knowl-
orignature ',	ANTHORY CO.		

RECEIVED	2	. 511	4	// / <del>1</del> 5	// <b>5</b> // Di	ΓE 1	
HARRISON COUNTY	Tax year	<u>249</u>	BOR no.	101-37	737 Re	ev. 12/22	
HARRISON COUNTY Tax year 2024 BOR no. 4/0/-34/34 Rev. 12/22  MAR 7 2025 County Harrisou Date received							
MAR 7 2025 County T STOCKS 5 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.  All other complaints should use DTE Form 2							
AUDITORIS ISI	☐ Original o	complaint 🔲 Co	ounter complaint	anouiu use i	DIE FOIII 2		
	Notices will be sent only to those named below.  Name Street address, City, State, ZIP code						
1. Owner of property	SANDROL BROWN Lots 27-28 Acleus Mais Street						
2. Complainant if not owner							
3. Complainant's agent						$\neg \uparrow$	
4. Telephone number and email ad	Idress of contact perso	n					
•	•						
5. Complainant's relationship to pro	operty, if not owner						
If mo	re than one parcel is	included, see "N	fultiple Parcels'	' Instruction.			
6. Parcel numbers from tax bill			Addre	ss of property			
27000011	6000	573 Le	of Main ?	54 A Je	PEY HO and	0	
7. Principal use of property	Husband				una.		
8. The increase or decrease in mar	ket value sought. Coun	ter-complaints sur	porting auditor's	value may hav	ve -0- in Column C.		
Parcel number Co	Column A omplainant's Opinior (Full Market Val		Colum Current \ (Full Marke	√alue	Column C Change in Val	те	
<u> </u>	- B	40)	<b>B</b> 5	· value)			
270000116000	725,000		749,8	3 90	724,89°	9	
9. The requested change in value i	s justified for the follow	/ing reasons:					
lacke are, Is Not Worth 49,890 If I was To Put up Forsald							
The requested change in value is justified for the following reasons:  6999 IS Not Worth 49,890 If I Was To Put of Forsale  B25,000 Any body IN HERRISON COUNTY Would KNOW that							
10. Was property sold within the la	st three years?	s <b>X</b> No □ Ur	nknown If yes, sl	how date of sa	ile		
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	n a copy of listing	agreement or o	other available evidenc	æ.	
12. If any improvements were com	pleted in the last three	years, show date		and tota	al cost \$	*	
( I3. Do you intend to present the testimony or report of a professional appraiser?  Yes No  Unknown							
Please call: 740-5421-3168 before Approising building							

ALLISON "M". ANDER	Tax yearCounty Ha C County Ha C Complaint Agains Spand type or print all in Attach a for full market value com Coriginal Notices will b	I TNE VAIUA  nformation. Rea  dditional pages  plaints only. All  complaint	tion d instru if neces other c Counter	ictions on back before ssary. complaints should use complaint	<b>rty</b> e completing form	DTE 1 Rev. 12/22
Owner of property		ame		Street address	, City, State, ZIP c	ode
	3 Ardra	L BR94	~ /	Haganaddition Lots 42+43		
2. Complainant if not owner			-		-	
Complainant's agent     Telephone number and agent						
4. Telephone number and em	nall address of contact person	on				
5. Complainant's relationship	to property triot owner	Husban	. 0			
	If more than one parcel is		7			
6. Parcel numbers from tax b		moladed, see	munipa			
	Addless of property					
270000098001 522 West Main St Aden, OH 43901						
7. Principal use of property						
8. The increase or decrease in	i market value sought. Coun	ter-complaints su	pporting	auditor's value may ha	ve -0- in Column C.	
Parcel number	Column A			Column B	Column	c [
r alcernumber	Complainant's Opinion (Full Market Valu	mplainant's Opinion of Value (Full Market Value)		Current Value ill Market Value)	Change in V	/alue
2 %	4		M			
2700000 98001	4	12,000	<u>43</u>	3,140	21.14	10
		,				
9. The requested change in va	lue is justified for the follow Trailer or	ing reasons:			SHIPS SHIP	
ThereIs	No Building	weth 14	,, 83<	Carport	-	
10. Was property sold within th						

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 W Unknown						

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

No

	Tax year		BOR no. 3401-2436	DTE 1 Rev. 12/22			
County			Date received				
Complaint Against the Valuation of Real Property, M. ANDERSON  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							
This form is for fu	Original co	omplaint	unter complaint				
	Nar	· · · · · · · · · · · · · · · · · · ·		City, State, ZIP code			
1. Owner of property	JAMES G. B	UNLESON	31544 TV	snel Hill Rd			
2. Complainant if not owner	Noll MI	Supleson	2 31544 TU	INEL HILL Rd			
3. Complainant's agent							
4. Telephone number and email ac	dress of contact person	n					
330 340 25	93 LA	12×LAdy	63 @ AOL, CO	) M			
5. Complainant's relationship to pr		wife					
If mo	ore than one parcel is	included, see "N	lultiple Parcels" Instruction	•			
6. Parcel numbers from tax bill		315:45	Address of propert	y			
150013		31545	TURNEL HILL K	2			
		Bowers	E OH 44695	2			
,							
7. Principal use of property – ,	Son lived	in it					
8. The increase or decrease in ma			pporting auditor's value may ha	ave -0- in Column C.			
Parcel number C							
1~0013	150013 10,000 -0 - 10,000						
750013	0,000			70700			
9. The requested change in value	is justified for the follow	wing reasons:					
The ROOF + Floors Rutted out							
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							
My husband died me July 9, 2015 and I cannot get a title. Please sent somere out to verify the trailer is no lorger there. Ilank you.							
trailer is no loyer there. Ilank you.							

RECEIVED

HARRISON COUNTY

BOR no. 4/0/-24/37

BOR no. 4/0/-24/37

Rev. 12/22

	Tax year			_ BC	R no. 7/0/-27.5	R 1 2025 Rev. 12/22	
		County		_ Da	te received		
Complaint Against the Valuation of Real Property M. ANDERSON  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							
			sent only to thos	se nam		City, State, ZIP code	
Owner of property		STANLEYARI	MDA 60	RE	190 DEVOREST ADENA OH		
2. Complainant if not own	er					4390	
3. Complainant's agent							
4. Telephone number and	email ac	Idress of contact perso	546-36	<u> </u>	)		
5. Complainant's relations	hip to pr	operty, if not owner	•		**		
	lf mo	ore than one parcel is	included, see "	Multip	le Parcels" Instruction.		
6. Parcel numbers from ta	ıx bill				Address of property		
			JUO D	EVIO	RE STREET 0H10 4:	301/1	
7. Principal use of propert	y 5°	TOR AGE	/map	الأ	E HOME		
8. The increase or decreas	se in mar	ket value sought. Coun	ter-complaints su	pportir	ng auditor's value may ha	ve -0- in Column C.	
Parcel number	C	Column A omplainant's Opinior (Full Market Val		(1	Column B Current Value Full Market Value)	Column C Change in Value	
27-0002	( )	nhnow)		j	9,000 -		
					- 1,000		
9. The requested change in value is justified for the following reasons:  1. IETHER / IHAS BEEN, SHOREAGE  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 info	rmation explained	d in "In	structions 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 w	ere com	pleted in the last three	years, show date	<b></b>	NO and total	al cost \$	
13. Do you intend to present the testimony or report of a professional appraiser? 🔲 Yes 🗹 No 🔲 Unknown							

Tax year
Complaint Against the Valuation of a Manufactured of AR 13 2023  Mobile Home Taxed Like Real Property  Answer all questions and type or print all information. Read instructions on back before the Authority of ANDERSON Attach additional pages if necessary.  AUDITOR  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 Bacceto 27825 Nocis Rel Tapecare of Complainant if not owner NA  3. Complainant if not owner NA  4. Telephone number of contact person 740-433-9693 Noticy me when quelitor plans to constitute the complainant of complainant with the complainant with the complainant of complainant with the complainant with the complainant of complainant with the complai
Answer all questions and type or print all information. Read instructions on back before the Complete Audition and pages if necessary.  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 Shaleng Bacreto 27825 Noris Red Topecare of the Complainant if not owner NA  3. Complainant if not owner NA  4. Telephone number of contact person 740-433-9693 Notify me when qualitor plans to constitute the complainant NA  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
Answer all questions and type or print all information. Read instructions on back befold in the first both in the first
Original complaint Counter complaint Notices will be sent only to those named below.    Name   Street address, City, State, ZIP code
Name Street address, City, State, ZIP code  1. Owner of home Shaleng Barreto 27825 Nirris Rol Tipperpare of 27825 Nirris Rol
1. Owner of home  Shalena Bacreto  27825 Norris Rol Tippecare of 2
2. Complainant if not owner  3. Complainant's agent  4. Telephone number of contact person  740-433-9693 (Notify me when qualitor plans to convent of complainant)  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
3. Complainant's agent  NA  4. Telephone number of contact person 740-43'3-9693 (Notry me when qualitor plans to convent to the complainant of complainant with the complainant of complainant with the complainant's relationship to home, if not owner than one home is included, see "Multiple Homes" on back.  7. Registration number from tax bill  Address of home
4. Telephone number of contact person 740-433-9693 (Notry me when qualitor plans to constant to the first plans to constant to constant plans to constant p
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
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
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
7. Registration number from tax bìll Address of home
1 1 10
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.
Column A Column B Column C
Registration Complainant's Opinion of Value Current Value Change in Value
Number (Full Market Value) (Full Market Value)
30-027,999999 0 1,700 North 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. ☐ A substantial improvement was added to the home. ☐ Occupancy change of at least 15% had as unstantial economic impact on my property.
I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and te the best of any
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 day of
Notary / Lessian Signature

RECEIVED
HARRISON COUNTY
BOR no. 3402 2439 DTE 1
Rev 12/22

Tax year				BOR	no. 🔼	10d-29-	MAR 1 8 2025	
		County		Date	received			
		blaint Against nd type or print all inf Attach add Il market value compl ☐ Original c	the Valuati ormation. Read ditional pages if	ON O instruct necess ther co ounter co	f Real ions on ary. mplaints omplaint	Property back before	SON IN TOTAL AUDITOR TE Form 2	
		Na				et address, C	ity, State, ZIP code	
1. Owner of property		William P. Luther IV	Glerda S. Luti	her 811	Bukurs	Addition Pd.	Hapedale OH 43976	
2. Complainant if not owne	ır				· · · · · · · · · · · · · · · · · · ·			
3. Complainant's agent								
4. Telephone number and	email ad	Idress of contact perso	• • • • •			nail. con		
5. Complainant's relations	hip to pr	operty, if not owner						
	if mo	ore than one parcel is	included, see "l	Multiple	Parcels'	'Instruction.		
6. Parcel numbers from ta	x bill				Addre	ss of property		
14-0000 406			810 Bakers Addition Rd. Hopedale OH 43986					
14.0000 541			810 Baker	s Ald	ition 1	Rd. Hoped	nle 01+ 43976	
7. Principal use of property								
8. The increase or decreas	e in mai	rket value sought. Cour	ter-complaints su	ipporting	auditor's	value may hav	re -0- in Column C.	
Parcel number	С	Column A omplainant's Opinior (Full Market Val		ž.	Colum Current uil Marke	}	Column C Change in Value	
4-0000606	——————————————————————————————————————	# 2, 740		£	5,9	40	- <del>-</del> 3,200	
14-0000541		* 390,467		J.	£ 436,080		- 045,613	
9. The requested change	in value	is justified for the follow	wing reasons: Pla	ase	sec a	ttached	document	
10. Was property sold with and sale price \$		; and attach info	ormation explaine	d in "Ins	tructions	for Line 10" on	back.	
12. If any improvements v	vere con	npleted in the last three	e years, show dat	te	)/A	and tota	al cost \$N/A	
13. Do you intend to pres	ent the t	estimony or report of a	professional app	raiser?	☐ Yes	☑ No 🔲 Ur	nknown	

3402-2440

RECEIVED

HARRISON COUNTME 1
Rev. 12/22 Tax year\_\_\_ \_\_\_ Date received \_\_\_\_\_\_MAR 2 0 2025 County\_\_\_ Complaint Against the Valuation of Real Property Answer all questions and type or print all information. Read instructions on back before completing formation. ANDERSON Attach additional pages if necessary. This form is for full market value complaints only. All other complaints should use DAS POR Original complaint Counter complaint Notices will be sent only to those named below. Street address, City, State, ZIP code RASHID 1. Owner of property SHAHID NAVEED 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 17-0000706.001 trad/Building Falling Alandoned not usable -7. Principal use of property 8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C. Column B Column C Column A Current Value Change in Value Complainant's Opinion of Value Parcel number (Full Market Value) (Full Market Value) 17-0000706.001 9. The requested change in value is justified for the following reasons: Property not usable, Punps broken, 2 Tanks Bad, Building fulling apart and parking Lot Needs Lot of work- No Heat/Ac\_ windows Broken 10. Was property sold within the last three years? 

Yes 

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. \_\_\_\_ and total cost \$ \_\_\_\_\_. 12. If any improvements were completed in the last three years, show date \_\_\_\_ 13. Do you intend to present the testimony or report of a professional appraiser? 

Yes No Vunknown

3402-2441

#### RECEIVED HARRISON COUNTY

				200	HARRISON		DTE 1	
		Tax year County Value Against		_ BUR no	FEB 2	5 2025	Rev. 12/22	
	C a ma w	County	Ala Valuat	Date received.	Dronowhe			
Answer all que	stions a	nd type or print all ini Attach ad Il market value comp	formation. Read ditional pages if	instructions on a necessary. ther complaints ounter complaint		MANDERSO	N	
		Na	me	Stre	et address, City	y, State, ZIP co	ode	
1. Owner of property		Edward M	Turray	Lot W	Deersv	ilk Ave		
2. Complainant if not own	ег		/					
3. Complainant's agent		<b>1</b>						
4. Telephone number and email address of contact person 740-457-7077 emurray 2458 @ gmail. com								
5. Complainant's relations					W			
	If mo	re than one parcel is	included, see "l	Multiple Parcels"	Instruction.			
6. Parcel numbers from ta	llid-xi		Address of property					
						<b>***</b>		
7. Principal-use of propert	у						·	
8. The increase or decrease	se in mar	ket value sought. Coun	ter-complaints su	oporting auditor's v	/alue may have -	0- in Column C		
Parcel number	Cı	Column A complainant's Opinion of Value (Full Market Value)		Column Current V (Full Market	/alue	Column Change in		
05000//39000		1900.∞		10,370	,00	- 9260	.00	
9. The requested change in value is justified for the following reasons:  I have this property for over 20 years of Never owned a								
Howler					7 70000			
10. Was property sold with	hin the la	st three vears? ☐ Ye	es 🗇 No 🏧 U	nknown If ves. sh	ow date of sale	•		
and sale price \$								
11. If property was not sold	l but was	listed for sale in the last	three years, attac	h a copy of listing a	agreement or oth	er available evi	dence.	
12. If any improvements v	vere com	pleted in the last three	years, show date		and total c	cost \$		

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

Yes 

No 

Unknown

BOR no.

		County HECE	180N [	Date received	DEC 0 2024		
		aint Against f type or print all info Attach add market value compl Criginal co	the Valuation ormation. Read ins litional pages if ne	n of Real Propert tructions on back before cessary. er complaints should use l ter complaint	ON M. ANDERSON BOMPAUDITOR DTE Form 2		
		Nar	ne	Street address,	City, State, ZIP code		
1. Owner of property Char	100	THIETH A Say	timarino	576 Woodstone	N-Franklin Oh 44319		
Complainant if not owner							
Complainant's agent							
4. Telephone number and e				colobal. NET			
5. Complainant's relationshi	ip to prop	erty, if not owner					
	If more	than one parcel is	included, see "Mul	tiple Parcels" Instruction.			
6. Parcel numbers from tax	bill			Address of property	,		
01000000	5W	)	TRHO				
			CILMOCE	ridge Rd			
				1			
7. Principal use of property	•						
8. The increase or decrease	in marke	t value sought. Coun	ter-complaints suppo	orting auditor's value may ha	ve -0- in Column C.		
Parcel number	Cor	Column A nplainant's Opinior (Full Market Val		Column B Current Value (Full Market Value)	Column C Change in Value		
9. The requested change in	ı value is	justified for the follov	ving reasons:				
					ale		
and sale price \$		; and attach info	rmation explained ir	"Instructions for Line 10" or	ı back.		
11. If property was not sold	but was lis	sted for sale in the las	t three years, attach a	a copy of listing agreement or	other available evidence.		
12. If any improvements we	ere comp	leted in the last three	years, show date _	and to	tal cost \$		
13. Do you intend to prese	nt the tes	timony or report of a	professional apprais	ser? ☐ Yes ☐ No 🔀 U	nknown		

### Clear Form

#### RECEIVED HARRISON COUNTY

Tax year 2024 BOR no. 3402 - 2443

County Harrison

Date received \_

## MAR 2 6 20 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. This form is for full market value complaints only. All other complaints should use DTE Form 2 Notices will be sent only to those named below.

Street address, City, State, ZIP code Name 544 Chestnut Street, Coshocton, OH 43812 Harrison Resources, LLC 1. Owner of property Gregory J Honish 2. Complainant if not owner 3. Complainant's agent 4. Telephone number and email address of contact person (740) 294-3053; ghonish@ccucoal.com Vice President of CCU (CCU acquired Harrison Resources on 2/11/19) 5. Complainant's relationship to property, if not owner If more than one parcel is included, see "Multiple Parcels" Instruction. Address of property 6. Parcel numbers from tax bill Section 7, Athens Township 02-0000365.002 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. Column B Column C Column A **Current Value** Change in Value Complainant's Opinion of Value Parcel number (Full Market Value) (Full Market Value) -\$10,770 \$10,770 \$0 02-0000365.002 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? Tyes V 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

## Clear Form

Tax year\_

BOR no. 340 2. 2444

DTE 1 Rev. 12/22

MAR 26 2025

County Harrison

Date received

Complaint Against the Valuation of Real Property

ALLIANSWER ALLIA

AND TOPH'S 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		CCU Coal and C	onstruction, LL	С	544 Chestnut Street, Coshocton, OH 43812		
2. Complainant if not owne	<b>Э</b> Г	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 mo	ore than one parcel is	included, see "M	ultip	ole Parcels" Instruction.		
6. Parcel numbers from ta	x bill				Address of property		
See a	attache	d					
						·	
7. Principal use of propert	y Coal	mining.					
8. The increase or decreas	se in mar	ket value sought. Coun	ter-complaints sup	porti	ing auditor's value may hav	re -0- in Column C.	
Parcel number	C	Column A omplainant's Opinior (Full Market Val		(	Column B Current Value (Full Market Value)	Column C Change in Value	
See attached	·						
	*						
9. The requested change							
These parcels are coal only. No surface ownership. Economically recoverable reserves are depleted. See attached Mined Out Reports.							
10. Was property sold wit	hin the la	ast three years?   Ye	es ☑ No 🗌 Un	kno	wn If yes, show date of sa	ale	
and sale price \$		; and attach info	ormation explained	in "l	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 v	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 **2** 6 2025

	DIE	
	VIE.	1
RAU	1222	

	,	3102-2445	Rev. 12/2
ALLISON M. ANDERSON AUDITOR	BOR no	ceived	
Complaint Against Use this form to file board of reviagainst market value should be file	the Assessment of Reasion complaints regarding assessment of on the DTE Form 1. Answer all quese back before completing form. Attack [X] Original complaint Notices will be sent only to the	issues other than the market vistions and type or print all infor additional pages as necessary Counter complaint	value of property. Complaints mation. Read the instructions
	Name	Street address	s, City, State, ZIP code
1) Owner of property	Adventure Outdoors LLC	3096 CR 600 M	illersburg of 44654
2) Complainant if not owner			
3) Complainant's agent			
4) Telephone number of contact per	rson 234-301-7678		
5) Email address of complainant	myron@charmengine	phiarcom	
6) Complainant's relationship to pro			
If more	than one parcel number is included	, see "Multiple Parcels" on b	ack
7) Parcel number from tax bill	# Acres, if applicable	Address of property	
01-0000202000	81	87599 Dodson Rd.	Scio of 43988
8) Indicate the reason for this comp			
☐ The valuation of property on t ☐ Determination whether good or ☐ Determination of whether good or ☐ The denial of the partial exem  9) If the complaint is seeking a change complete this line.	on filed under RC 5713.32 or the conve	m to remain ldle under RC 5713 enewal application pursuant to RC under RC 323.16.	.30(A)(4). 0 5713.351,
Fatcel liditibel	(Full Market Value)	(Full Market Value)	Change in value
10) The requested change is justified the chance to keep		11 be used to make	October -t did not hay etc.
complainant, R.C. 5715.19(A)(8)  The complainant has complied	requires this section to be completed with the requirements of R.C. section fulred by division (A)(6)(b) of that section	5715.19(A)(6)(b) and (7) and p	rovided notice prior to the
edge and bellef is true, correct, and	t this complaint (including any attachm complete. ainant or agent	ents) has been examined by m	n 10 1
Sworn to and signed in my present Notary Marlane Signature	signature 26 Signature 26 Charlene S	day of <i>March</i>	year <u>2025</u>

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

RECEIVED			21/ 5	a a amada a partir a	
HARRISON COUNTY	Tax year	B	OR no. <u>340 2 - 24</u>	DTE 1 Rev. 12/22	
MAR <b>2</b> 4 2025			ate received		
Answer all questions ALLISON M. ANDERSO	plaint Against	the Valuation	of Real Propert	Sy completing form	
Month is to the	☐ Original o	complaint 🔲 Count		DTE Form 2	
	T	sent only to those na	1	City, State, ZIP code	
4.0	1 1 1 1 1	Cildac			
1. Owner of property	Linda Van	Cildan	1 10 1311 330 0	Scio, OH 43988	
2. Complainant if not owner	Gina Van	GHACI			
Complainant's agent     Telephone number and email a	ddraga of contact norse	- 140 ALL	7111		
bsktb1123 jord			1111 15-1513		
5. Complainant's relationship to p	<i>()</i>	23 (1.71.1	Idea Mughter		
		= 1,1 · · · · · · · · · · · · · · · · · ·	iple Parcels" Instruction.		
6. Parcel numbers from tax bill	-		Address of property		
C. Farcer Hambers Horn tax biii		Address of property			
7. Principal use of property					
8. The increase or decrease in ma	rket value sought. Cour	iter-complaints suppor	ting auditor's value may hav	ve -0- in Column C.	
	Column A		Column B	Columп С	
Parcel number C	Complainant's Opinior		Current Value	Change in Value	
	(Full Market Val	ue)	(Full Market Value)		
230000617000 -					
230000634000 -					
			·		
9. The requested change in value	is justified for the follov	ving reasons:	24 back that	the huilding	
9. The requested change in value was double taxed	l. Non com	uncertial six	1M 2020.	c the production of	
VOTEO V VI - 10 - 10 V V		1000 311			
10. Was property sold within the I	ast three vears? ☐ Ye	es No 🗀 Heke	own If yes show date of ea	ale	

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

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

Yes No Unknown

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

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

Tax year aoaa	BOR no 3402 - 2447	DTE 1 Rev. 08/2
County Harrison	Date received	

MAR 3 1 2025

Complaint Against the Valuation of Real Property

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

			sent only to thos	se nan	<del>                                      </del>		
			me _			City, State, ZIP code	
1. Owner of property		Craig Mercan +	Robecca Ka	سل	14605 16 Road	Cadia OH 43907	
2. Complainant if not own	er						
3. Complainant's agent					-		
4. Telephone number of c	ontact pe				140-546- 2022		
5. Email address of comp	lainant	ninalka	ie Magn	nai	Locom		
6. Complainant's relationship to property, i not owner							
	lf n	nore than one parcel i	is included, see	"Mult	iple Parcels" on back.		
7. Parcel numbers from ta	x bill				Address of property		
26000000 6001			14605 16	ORC	ad Cadia Ol	1 43907	
					50		
			5 -5 <b>4</b>				
8. Principal use of propert	<u>v H(</u>	me					
9. The increase or decreas	se in mar	ket value sought. Coun	ter-complaints su	pporti	ng auditor's value may hav	ve -0- in Column C.	
Parcel number	C	Column A omplainant's Opinior	of Value		Column B Current Value	Column C Change in Value	
r droor nambor	J.	(Full Market Val	1	1			
260000006.001				138		<b>*</b> 36,790	
10. The requested change	in value	is justified for the follo covered a letter	wing reasons: that our	prop	verty value had	been overvalued	
by \$ 36,790, So	the	takin Yn dodd	just need	adju	uted accordingly	g. Thanks	
11. Was property sold with							
and sale price \$		; and attach info	rmation explained	d in "Ir	estructions for Line 11" on	back.	
<ul><li>12. If property was not sold</li><li>13. If any improvements w</li></ul>							
<ul><li>14. Do you intend to prese</li><li>15. If you have filed a prio</li></ul>							
reason for the valuation ch	nange re	quested must be one o	of those below. Pl				
sheet. See R.C. section 5		د)(2) for a complete exp ، arm's length transacti		prope	erty lost value due to a cas	sualtv.	
A substantial improvement was added to the property.							
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.					me and to the best of my		
2 31 05	•	. 0	bell's Kail	ſ	Title (if agent)	NA	
Sworn to and signed in my	y presen	ce, this	2.7	day of	-March	year_ <u>2025</u>	
Notary Ricole n	1. A	uallwood i		IICOL	E M SMALLWOCE Public, State of Obs		
Sign	s(Ate (			Notary Mv (	/ Public, State of Ob⇒ Commission Expires		
		1111		-	nuary 31 2026		

	2024	. 74	ルコ フロリマ	HARRISON COUNTY  DIE 2  Rev. 12/22
Tax ye	Elander	BOR no/	3-31-25	MAR <b>3 1</b> 2025
County				<del></del>
against market value should be i	iled on the DTE Form 1. And the back before completing for Original com	assessment issues swer all questions (	and type or print all infor onal pages as necessary or complaint	mation. Read the instructions
	Name			s, City, State, ZIP ∕code
) Owner of property	Joseph H. I	ARRAh	822 BAKER Add	lition, Hopedule OH 43976
2) Complainant if not owner				
i) Complainant's agent			<u>L </u>	
) Telephone number of contact p		-2215		
b) Email address of complainant	None			
) Complainant's relationship to p				
	re than one parcel number			ack
) Parcel number from tax bill	# Acres, if applicable	Acres (	ess of property  Inichvale Rol	
13-0000 192-000	157126	· · · · · · · · · · · · · · · · · · ·		
13-0000 200-600	33,034	Acres	Injunale Kd	
<ul><li> ☑ The valuation of property of Determination whether good</li><li>☐ Determination of whether good</li></ul>	cation filed under RC 5713.32 in the agricultural land tax lis if cause exists for land on the cod cause exists for the failure to emption of a qualifying child	t. CAUV program to re file a CAUV renewa care center under	emain idle under RC 571: I application pursuant to R RC 323.16.	3.30(A)(4). C 5713.351.
complete this line.				
Parcel number	Column A Complainant's Opinion o (Full Market Value		Colúmn B Current Value (Full Market Value)	Column C Change în Value
130000 192000	350.00		2400.00	\$ 2050,00
30000 Jaco	350.00		2400.00	2020.00
10) The requested change is just I was would like on the UC soil	the value of	ns: Land 15, n this ge	ennel Jomerect	and pasture land, to \$350,00 an acre
1) If the complainant is a legislat complainant, R.C. 5715.19(A)  The complainant has compadoption of the resolution declare under penalty of perjury	(8) requires this section to building the building the requirements of required by division (A)(6)(b)	R.C. section 5715 ) of that section as	(9(A)(6)(b) bho 7 (and r required by division (A)	7) of thatosectionolic, State of Onio  My Commission Expires
declare under penalty of perjury dge and bellef Is true, correct, a Date Makid 31, 2025 Co	Un combiere:	d. H. Haurel Signature	Title (if agent)	3005

Sworn to and signed in my presence this Notary

DTE 2 2025 BOR no. 3401-2449 Rev. 12/22 JAN **3 1** 2025 County Harrison 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 or property. Complaints regarding the property of the DTE Form 1. Assure all property and the property of the DTE Form 1. Assure all property and the property of the DTE Form 1. Assure all property of the DTE Form 1. Assure al

	ed on the DTE Form 1. Answer all que to back before completing form. Attaction Driginal complaint	h additiona	al pages as necessar	
	Notices will be sent only to the		•	
	Name			ss, City, State, ZIP code
1) Owner of property	Cindy Lu Vought Co	ompt11		'S Dr. Knoxulle TN
2) Complainant if not owner		.,		
3) Complainant's agent				
4) Telephone number of contact pe	erson 865-679-9298			
5) Email address of complainant	Cindyrno3b yahoo,	com		
6) Complainant's relationship to pr				
If more	than one parcel number is include	d, see "Μι	ıltiple Parcels" on i	back
7) Parcel number from tax bill	# Acres, if applicable	Addres	s of property	
06-00000 54,000		97	300 Beaver	Dam Rd. Scib Ohio
06-0000054,001		87.	BOO Beques	Dam Rd Scis, Chio
15-0000 340,000		873	-	Dorn Rd Scio, chio
				43788
Determination of whether good The denial of the partial exer	cause exists for land on the CAUV progreause exists for the failure to file a CAUV progreption of a qualifying child care centeringe in the value of the property, completed.	renewal ap r under RC	plication pursuant to R 323.16. Complainants appeal	RC 5713.351.
Parcel number C	Column A Complainant's Opinion of Value (Full Market Value)		Column B Current Value ull Market Value)	Column C Change in Value
	The second of th			
	The same of the sa			
File an int tial C 11) If the complainant is a legislativ	daughter to ownership after of ownership a AUV application prior or ownership and the complaint is an original and the complaint is	⊏ √ ∠ iginal comp	march 4,	2024
complainant, R.C. 5715.19(A)(i	8) requires this section to be complete ed with the requirements of R.C. section equired by division (A)(6)(b) of that section (A)(6)(b) of that section (A)(6)(b) of that section (A)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)	d. on 5715.19	(A)(6)(b) and (7) and	provided notice prior to the
edge and belief is true, correct, and	natthis complaint (including any attach i complete. plainant or agent ( ) Signatur	tCompbe ure	Title (if agent	
Notary Ace 11 Store	MACON EXPINED TO A TO	day of <u>.</u>	Zuncos	year 🚫 🗸 🔊

DTE	2
Rev. 12/2	2

FEB 11 2025 Date received

Complaint Against the Assessment of Real Property Other Market Value
Use this form to file board of revision complaints regarding assessment issues other than the market AUDIT Deperty. 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 th	e back before completing form. Attact  Original complaint  Notices will be sent only to the	h additional pages as necessary. Counter complaint	iano, ii		
,	Name		City, State, ZIP code		
1) Owner of property	STEPHEN MICHAEL EDI	· · · · · · · · · · · · · · · · · · ·	-Red Su Bowerston OH		
2) Complainant if not owner	SICI HEIV INIONIEI CEST	SV 1 ( //// CICATI	44695		
3) Complainant's agent					
4) Telephone number of contact pe	rson 330-206-209	<del></del>			
5) Email address of complainant	.00,, 23 - 0-0 0 0.0 1				
6) Complainant's relationship to pro	onerty if not owner				
	than one parcel number is include	d. see "Multiple Parcels" on bac	ck		
7) Parcel number from tax bill	# Acres, if applicable	Address of property			
200000771000			90380 BONNEIL STREET, SciO		
<u> </u>	11109	70000 DORORE	51.00,		
☐ The valuation of property on ☐ Determination whether good ☐ ☐ Determination of whether good ☐ The denial of the partial exer  9) If the complaint is seeking a charcomplete this line.	tion filed under RC 5713.32 or the conv	ram to remain idle under RC 5713.3 renewal application pursuant to RC r under RC 323.16.	30(A)(4). 5713.351.		
complainant, R.C. 5715.19(A)(	re authority and the complaint is an or 8) requires this section to be completed with the requirements of R.C. section to be division (A)(6)(b) of that section to be completed with the requirements of R.C. section to be completed with the requirement of R.C. section to be completed with the requirement of R.C. section to be completed with the requirement of R.C. section to be completed with the requirement of R.C. section to be completed with the requirement of R.C. section to be completed with the requirement of R.C. section to the	iginal complaint with respect to pred. ed. on 5715.19(A)(6)(b) and (7) and pre	ovided notice prior to the		
edge and belief is true, correct, an	pplainant or agent	Elu Title (if agent)	e and to the basi of my knowl		

	Tax year.	2024 BORA	o. <u>3</u> 4	02-2451	FEB <b>19</b> 2625 12/22
	County_	Harrison Date re	eceived _		
					ALLISON M. ANDERSON
	Use this form to file board of revis against market value should be file	the Assessment of Re sion complaints regarding assessment d on the DTE Form 1. Answer all que back before completing form. Attact Original complaint Notices will be sent only to the	nt Issues lestions a ch additio ] Counte	other than the market val and type or print all inform anal pages as necessary. r complaint	ue of property. Complaints
		Name		Street address,	City, State, ZIP code
×	1) Owner of property	taul Troyer		6375 Cas	TROL
	2) Complainant if not owner	l		Occuille (	)H 44667
	3) Complainant's agent	77.00.00	<del>-</del>	<u> </u>	
	4) Telephone number of contact per	son = 330 - 697	2-0	701	
	5) Email address of complainant	norty if not owner			
	6) Complainant's relationship to pro	perty, ir not owner than one parcel number is include	d see "	Multiple Parcels" on ba	nk
	7) Parcel number from tax bill	# Acres, if applicable		ess of property	
	20-0000 84.000	20			
	D-000085.00	145			
	8) Indicate the reason for this compl				
	Determination of whether good o     The denial of the partial exem     If the complaint is seeking a change.	ause exists for land on the CAUV prog cause exists for the failure to file a CAU\ aption of a qualifying child care cente	/ renewal r under f	application pursuant to RC RC 323.16.	5713.351.
	complete this line.	Column A		Column B	Column C
	Parcel number Co	omplainant's Opinion of Value (Full Market Value)	(	Current Value Full Market Value)	Change in Value
	20-0000084.CC	Prinstate.	72 C	AUV Value	
	26 moco e 5.00	for tax ye	at 3	024	
			<u> </u>	-	
	10) The requested change is justified	reproperection	1	from CAUV. fee, Now h	Regrest to
	☐ The complainant has complie	e authority and the complaint is an o ) requires this section to be completed with the requirements of R.C. secti	on 5715.	19(A)(6)(b) and (7) and for	pyided notice prigate thelic,
		quired by division (A)(6)(b) of that se			My Commission Expires
	I declare under penalty of perjury the edge and belief is true, correct, and Date 2 9 Comp	plainant or agent auch IV	WGL	nas been examined by m (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	and to the best of my knowl-
	Sworm to and signed in my present Notary Signature	cé this 10-11 Signa	day o	· February	year

#### 

DANNISON COUNT	Tax year	BC	R no. 340224	52 ;	DTE 1 Rev. 12/22
MAR 2 7 2025	County	Da	te received		
ALLISONA MEW AND FIRST AUDITOR	Complaint Against  Complaint Against  Complaint type or print all in  Attach ad  s for full market value comp	the Valuation formation. Read instru ditional pages if nece	of Real Prope uctions on back before ssary. complaints should use complaint	e completing form.	
	Na	me	Street address	, City, State, ZIP cod	е
1. Owner of property	melba ast	renda v Rama			
2. Complainant if not owner	Jim Ra	msey	1417 Kow	Land Ave NE	Canto
3. Complainant's agent		<b>!</b>			
4. Telephone number and e 330-418-  5. Complainant's relationsh	<del>-   -   -   -   -   -   -   -   -   -  </del>	on			
5. Complainants relationsin		included, see "Multin	ie Parcels" Instructio	n.	
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	e in market value sought. Cour	nter-complaints supportin	ng auditor's value may h	ave -0- in Column C.	
Parcel number	Column A Complainant's Opinior (Full Market Val		Column B Current Value Full Market Value)	Column C Change in Va	
1-23-0041	. 8		1.000	-1000	5
123-0040	<u> </u>		<i>'5</i> 0	<u> </u>	)
9. The requested change in Trailers and thing	value is justified for the follow are Fallin they cant n	y in and	> it Not st them C	worth alling ap	art
	n the last three years? 🔲 Ye	•			
and sale price \$	; and attach info	rmation explained in "Ir	structions for Line 10"	on back.	
11. If property was not sold b	out was listed for sale in the last	three years, attach a co	py of listing agreement o	or other available evider	nce.
12. If any improvements we	ere completed in the last three	years, show date	and to	otal cost \$	*
13. Do you intend to presen	nt the testimony or report of a	professional appraiser?	Yes No 📈	Jnknown	

RECEI	VED
<b>HARRISON</b>	COUNTY

RECEIVED ARRISON COUNTY	Tax year	BOR no. 3402-2453	DTE 1 Rev. 12/22
	County	Date received	

MAR 3.1 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 Masick

☐ Original complaint ☐ Counter complaint Notices will be sent only to those named below. Street address, City, State, ZIP code Name 1. Owner of property 2. Complainant if not owner 3. Complainant's agent 4. Telephone number and email address of contact person 614 974 3471 5. Complainant's relationship to property, if not owner If more than one parcel is included, see "Multiple Parcels" instruction. Address of property 6. Parcel numbers from tax bill 05-0001826-003 7. Principal use of property ( 5.5) 8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C. Column C Column B Column A Change in Value Current Value Complainant's Opinion of Value Parcel number (Full Market Value) (Full Market Value) 05.0001896 9. The requested change in value is justified for the following reasons: The city's SEWYE has Duentlow and Zoldan Indes forested a Man holes for sted and own property. It for over 10/years Preventing us from Setting Selling or Resting the property. It has been setting selling or Resting the property. It 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 

Thinknown