

#25-01

34-02

RECEIVED HARRISON COUNTY

DTE 1 Rev. 12/22

Tax year 2024

BOR no. 2501

County Harrison

Date received AUG 01 2025

Complaint Against the Valuation of Real Property

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

Attach additional pages if necessary.

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

Original complaint Counter complaint

Notices will be sent only to those named below.

CLINT A. BARR AUDITOR

	Name	Street address, City, State, ZIP code	
1. Owner of property	John C Jones	35305 Jones RD Freeport OH 43973	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person			
740-491-0909			
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	
22000104000		20207 Blackwell RD Freeport, OH 43973	
7. Principal use of property			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
9. The requested change in value is justified for the following reasons:			
APPRAISAL ON BUILDINGS IS WAY TOO HIGH			

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

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

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

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

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

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

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

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

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

Date 7-30-25 Complainant or agent (printed) JOHN C. JONES Title (if agent) OWNER

Complainant or agent (signature) John C. Jones

Sworn to and signed in my presence, this 30th day of July 2025
(Date) (Month) (Year)

Notary Jessica L Bates



JESSICA L BATES
Notary Public, State of Ohio
My Commission Expires
May 03, 2027

#25-02

3402
25-02

RECEIVED
HARRISON COUNTY
DTE 1
Rev. 12/22

Tax year 2025

BOR no. 25-02

County Harrison

Date received SEP 03 2025

Complaint Against the Valuation of Real Property

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

Attach additional pages if necessary.

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Original complaint Counter complaint

Notices will be sent only to those named below.

CLINT A. BARR
CLINT A. BARR
AUDITOR

	Name	Street address, City, State, ZIP code	
1. Owner of property	LISA SPANO K ET AL	111 Depot St. Flushing Pt. 43971	
2. Complainant if not owner	Charles Nucci	460 High St. Flushing, OH, 43971	
3. Complainant's agent			
4. Telephone number and email address of contact person (740) 359-0803 chas19@comcast.net			
5. Complainant's relationship to property, if not owner Cousin			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property	
17-0000068.200		R6 T11 S5 SE	
7. Principal use of property ODNR preserve			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
17-0000068.200	-0-	182,740	182,740
9. The requested change in value is justified for the following reasons: The charge is based on the No 8 vein of coal which more than likely will never be mined because ODNR owns the service.			

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

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

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

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

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

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

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

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

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

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

Date 5/28/25 Complainant or agent (printed) Charles Nucci Title (if agent) _____

Complainant or agent (signature) Charles Nucci

Sworn to and signed in my presence, this 8/15/25 day of Aug 2025
(Date) (Month) (Year)

Notary Kathleen Vivod



KATHLEEN M VIVOD
Notary Public
State of Ohio
My Comm. Expires
July 1, 2030

#25-03

3402
25-03

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Tax year 2025 BOR no. HARRISON COUNTY
County Harrison Date received _____

DTE 1M
Rev. 02/19

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

MAR 31 2026

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.

CLINT A. BARR
AUDITOR

Name	Street address, City, State, ZIP code		
1. Owner of home <u>Everett & Phyllis Best</u>	<u>47000 Unionvale Rd Calif OH</u>		
2. Complainant if not owner <u>Robin Krupinski</u>	<u>47148 Unionvale Rd Calif OH 43907</u>		
3. Complainant's agent	<u>43907</u>		
4. Telephone number of contact person <u>740-942-4982</u>			
5. Email address of complainant <u>wonderwoman@myfrontiermail.com</u>			
6. Complainant's relationship to home, if not owner <u>Daughter</u>			
If more than one home is included, see "Multiple Homes" on back.			
7. Registration number from tax bill <u>13-0097</u>	Address of home <u>47000 Unionvale Rd Calif OH 43907</u>		
8. Principal use of home <u>Dwelling</u>			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Registration Number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>13-0097</u>	<u>mobile Home Gone</u>	<u>0</u>	<u>\$2900</u>
10. The requested change in value is justified for the following reasons: <u>mobile Home WAS sold by Everett & Phyllis Best in 1995 no title was TRANSFERED</u>			

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

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.

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

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

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

The home was sold in an arm's length transaction. The home lost value due to a casualty.

A substantial improvement was added to the home. Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 126, 2025 Complainant or agent Robin Krupinski Title (if agent) _____
Signature _____

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

Notary Jessica L. Smith Signature _____



25-04

3402

RECEIVED HARRISON COUNTY

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Tax year 2025

BOR no. 25-04

FEB 13 2026

DTE 2 Rev. 12/22

County Harrison

Date received _____

CLINT A. BARR ALDTON

Complaint Against the Assessment of Real Property Other than Market Value

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

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

	Name	Street address, City, State, ZIP code
1) Owner of property	Wayne Colvin	Parcel # 090000 224 000
2) Complainant if not owner		
3) Complainant's agent		
4) Telephone number of contact person	540 958 1052	
5) Email address of complainant	WAYNECOLVIN@gmail	
6) Complainant's relationship to property, if not owner		

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

7) Parcel number from tax bill	# Acres, if applicable	Address of property
090000 224 000	34.71	R 2 T 11 34.712 A SR 800

8) Indicate the reason for this complaint:

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

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

Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
090000 224 000	83,310 17,170	83,310	

10) The requested change is justified for the following reasons: I want Parcel # 090000 224 000 to remain on CAUV program

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

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

TINA GUISE BORTNER
 Notary Public,
 State of Ohio
 My Commission Expires
 05-27-2030

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

Date 2-17-2026 Complainant or agent Wayne Colvin Title (if agent) Owner
 Sworn to and signed in my presence, this 13th day of February year 2026
 Notary Tina Guise Bortner
 Signature



#25-05

3402

5

Tax year 2025

BOR no. #25-05

RECEIVED
HARRISON COUNTY

DTE 2
Rev. 12/22

County Harrison County

Date received FEB 13 2026

Complaint Against the Assessment of Real Property Other than Market Value

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

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

Name		Street address, City, State, ZIP code	
1) Owner of property		John & Ida Roos	
2) Complainant if not owner		mailing address below:	
3) Complainant's agent		8895 Riverwood Dr. North Ridgeville, OH 44039	
4) Telephone number of contact person 440-453-3366			
5) Email address of complainant jroos44889@yahoo.com			
6) Complainant's relationship to property, if not owner			
If more than one parcel number is included, see "Multiple Parcels" on back			
7) Parcel number from tax bill	# Acres, if applicable	Address of property	
30-0000238-001	10.044	82755 Laughlin Rd Tippecanoe, OH 44699	
30.0000238-002	16.097	82755 Laughlin Rd Tippecanoe, OH 44699	
30-0000238-005	8.79	82755 Laughlin Rd Tippecanoe, OH 44699	
8) Indicate the reason for this complaint:			
<input type="checkbox"/> The classification of property under RC 5713.041. <input type="checkbox"/> The classification of property under RC 319.302. <input type="checkbox"/> The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35. <input type="checkbox"/> The valuation of property on the agricultural land tax list. <input type="checkbox"/> Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4). <input checked="" type="checkbox"/> Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351. <input type="checkbox"/> The denial of the partial exemption of a qualifying child care center under RC 323.16.			
9) If the complaint is seeking a change in the value of the property, complete line 9. Complainants appealing other issues do not need to complete this line.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value

10) The requested change is justified for the following reasons: During purchase & closing (Sept 2025) it was with the understanding that the CAUV was current. Nothing was made available for 1st half of 2025 taxes at closing. Request to be reinstated using the filed 2026 CAUV Plans and rolled over as current. Request recoupment fees to be removed/waived.

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

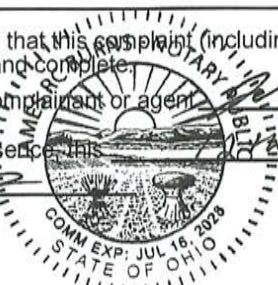
- The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

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

Date 2.12.26 Complainant or agent [Signature] Title (if agent) _____

Sworn to and signed in my presence, this _____ day of February year 2026

Notary [Signature] Signature



25-06
2025

3402
25-06

6

MAR 02 2026

Tax year 2025 BOR no. _____
County Harrison Date received 3-2-26

Complaint Against the Valuation of Real Property

CLINT A. BARR
AUDITOR

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

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

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

Name		Street address, City, State, ZIP code	
1. Owner of property	Kevin HOGE	9198 CALISTA Dr. N. Ripbeville OH 44039	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number of contact person	440-227-7218		
5. Email address of complainant	KHOGEL000@GMAIL.COM		
6. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" on back.			
7. Parcel numbers from tax bill	Address of property		
26000018801	Dickerson Church RD.		
8. Principal use of property <u>Recreation</u>			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
26000018801	1000	71,000	-70,000
10. The requested change in value is justified for the following reasons: <u>BUILDING ON PROPERTY SUFFERS FROM FROST HEAVE. + UNSTABLE. ONLY USED FOR STORAGE (OLD UNSAFE FORMER HUNTERS CABIN,</u>			

11. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ _____ ; and attach information explained in "Instructions for Line 11" on back.
12. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
13. If any improvements were completed in the last three years, show date _____ and total cost \$ _____.
14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
15. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
- The property was sold in an arm's length transaction. The property lost value due to a casualty.
 A substantial improvement was added to the property. Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 3/2/26 Complainant or agent [Signature] Title (if agent) _____

Sworn to and signed in my presence, this _____ day of _____ year 2026

Notary [Signature] Signature Hashem Saleh
NOTARY



HASHEM J. SALEH
Notary Public, State of Ohio
My Commission Expires
November 13, 2027

#25-07

3401-CV 7
25-07

RECEIVED
HARRISON COUNTY

Tax year 2025
County Harrison

BOR no. _____
Date received 3-3-26

DTE 1
Rev. 08/21

Complaint Against the Valuation of Real Property

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

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

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

	Name	Street address, City, State, ZIP code
1. Owner of property	Richard Krawulski	30395 Maravian Trail Rd
2. Complainant if not owner		Tippecanoe OHIO 44699
3. Complainant's agent		
4. Telephone number of contact person	216-704-0440	
5. Email address of complainant	Rich Krawulski@yahoo.com	
6. Complainant's relationship to property, if not owner		

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

7. Parcel numbers from tax bill	Address of property
6-0000012.005	30395 Maravian Trail Rd Tippecanoe OHIO 44699

8. Principal use of property _____

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

Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
6-0000012.005	0	\$5690.00	\$5690.00

10. The requested change in value is justified for the following reasons:
12x28 shed was removed in 2023

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

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

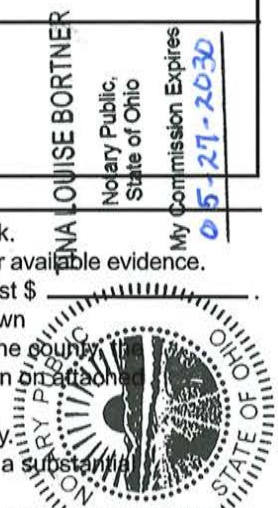
13. If any improvements were completed in the last three years, show date _____ and total cost \$ _____

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

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

The property was sold in an arm's length transaction. The property lost value due to a casualty.

A substantial improvement was added to the property. Occupancy change of at least 15% had a substantial economic impact on my property.



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

Date 03/03/26 Complainant or agent Richard E. Krawulski Title (if agent) _____
Signature Richard E. Krawulski

Sworn to and signed in my presence, this 3rd day of March year 2026

Notary Lina X. Bortner
Signature

Tax year 2025 BOR no. 3402 25-08
 County Harrison Date received 3-4-26

Complaint Against the Valuation of Real Property

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

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

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

1. Owner of property		HR4 Minerals, LLC		6355 Ward Road, Arvada, CO 80004	
2. Complainant if not owner					
3. Complainant's agent		M. Todd Ritchie			
4. Telephone number of contact person		720-505-7828			
5. Email address of complainant		tritchie@horizonresourcesllc.com			
6. Complainant's relationship to property, if not owner		Employee, Business Development Manager			
If more than one parcel is included, see "Multiple Parcels" on back.					
7. Parcel numbers from tax bill		Address of property			
09-0000151.200		27000 Birmingham Rd.			
8. Principal use of property		Investment for oil and gas development participation			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.					
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value		
09-0000151.200	\$0.00	\$1,029.24	\$1,029.24		
10. The requested change in value is justified for the following reasons: HR4 Minerals, LLC purchased oil, gas and related hydrocarobns only. HR4 does not own any land, buildings, or hard rock minerals.					

11. Was property sold within the last three years? Yes No Unknown If yes, show date of sale 6/21/2024 and sale price \$ 101,563.00; and attach information explained in "Instructions for Line 11" on back.
 12. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
 13. If any improvements were completed in the last three years, show date N/A and total cost \$ \$0.00
 14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
 15. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
 The property was sold in an arm's length transaction. The property lost value due to a casualty.
 A substantial improvement was added to the property. Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 3/4/2026 Complainant or agent [Signature] Title (if agent) Business Development Manager

Sworn to and signed in my presence, this 4th day of March year 2026

Notary [Signature]
Signature

RECEIVED
HARRISON COUNTY

Jessica Kolke Dembeck
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20164017823
MY COMMISSION EXPIRES May 9, 2028

MAR 04 2026

CLINT A. BARR
AUDITOR

Tax year 2025 BOR no. 34-08 25-09
 County Harrison Date received 3-4-26

DTE 1
Rev. 08/21

Complaint Against the Valuation of Real Property

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

Attach additional pages if necessary.

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

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

	Name	Street address, City, State, ZIP code	
1. Owner of property	HR4 Minerals, LLC	6355 Ward Road, Arvada, CO 80004	
2. Complainant if not owner			
3. Complainant's agent	M. Todd Ritchie		
4. Telephone number of contact person <u>720-505-7828</u>			
5. Email address of complainant <u>tritchie@horizonresourcesllc.com</u>			
6. Complainant's relationship to property, if not owner <u>Employee, Business Development Manager</u>			
If more than one parcel is included, see "Multiple Parcels" on back.			
7. Parcel numbers from tax bill		Address of property	
<u>17-0000279.222</u>		<u>TR 308</u>	
8. Principal use of property <u>Investment for oil and gas development participation</u>			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>17-0000279.222</u>	<u>\$0.00</u>	<u>\$682.94</u>	<u>\$682.94</u>
10. The requested change in value is justified for the following reasons: <u>HR4 Minerals, LLC purchased oil, gas and related hydrocarobns only. HR4 does not own any land, buildings, or hard rock minerals.</u>			

11. Was property sold within the last three years? Yes No Unknown If yes, show date of sale 7/30/2024 and sale price \$ 648,780.00 ; and attach information explained in "Instructions for Line 11" on back.
12. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
13. If any improvements were completed in the last three years, show date N/A and total cost \$ \$0.00
14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
15. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
- The property was sold in an arm's length transaction. The property lost value due to a casualty.
 A substantial improvement was added to the property. Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 3/4/2026 Complainant or agent [Signature] Title (if agent) Business Development Manager
 Sworn to and signed in my presence, this 4th day of March year 2026

Notary [Signature]
HARRISON COUNTY

MAR 04 2026
CLINT A. BARR
 AUDITOR

Jessica Keiko Dembeck
 NOTARY PUBLIC
 STATE OF COLORADO
 NOTARY ID 20164017823
 MY COMMISSION EXPIRES May 9, 2028

Tax year 2025 BOR no. 3402
25-10
 County Harrison Date received 3-4-26

Complaint Against the Valuation of Real Property

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

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

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

1. Owner of property		Name		Street address, City, State, ZIP code	
2. Complainant if not owner		HR4 Minerals, LLC		6355 Ward Road, Arvada, CO 80004	
3. Complainant's agent		M. Todd Ritchie			
4. Telephone number of contact person <u>720-505-7828</u>					
5. Email address of complainant <u>tritchie@horizonresourcesllc.com</u>					
6. Complainant's relationship to property, if not owner <u>Employee, Business Development Manager</u>					
If more than one parcel is included, see "Multiple Parcels" on back.					
7. Parcel numbers from tax bill			Address of property		
05-0000610.200			388 Main		
05-0002329.200			632 Lincoln		
05-0002331.200			Main St.		
8. Principal use of property <u>Investment for oil and gas development participation</u>					
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.					
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value		
05-0000610.200	\$0.00	\$25.94	\$25.94		
05-0002329.201	\$0.00	\$1,058.26	\$1,058.26		
05-0002331.200	\$0.00	\$3,395.38	\$3,395.38		
10. The requested change in value is justified for the following reasons: <u>HR4 Minerals, LLC purchased oil, gas and related hydrocarobns only. HR4 does not own any land, buildings, or hard rock minerals.</u>					

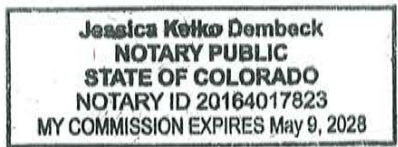
11. Was property sold within the last three years? Yes No Unknown If yes, show date of sale 6/9/2025 and sale price \$ 144,651.00 ; and attach information explained in "Instructions for Line 11" on back.
12. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
13. If any improvements were completed in the last three years, show date N/A and total cost \$ \$0.00
14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
15. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
- The property was sold in an arm's length transaction. The property lost value due to a casualty.
 A substantial improvement was added to the property. Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 3/4/2026 Complainant or agent M. Todd Ritchie Title (if agent) Business Development Manager
 Signature

Sworn to and signed in my presence, this 4th day of March year 2026

Notary Jessica K. Dembeck
 Signature



Tax year 25 BOR no. 3402
25-11
 County Harrison Date received 3-4-26

Complaint Against the Valuation of Real Property

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

Attach additional pages if necessary.

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

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1. Owner of property	HR4 Minerals, LLC	6355 Ward Road, Arvada, CO 80004	
2. Complainant if not owner			
3. Complainant's agent	M. Todd Ritchie		
4. Telephone number of contact person <u>720-505-7828</u>			
5. Email address of complainant <u>tritchie@horizonresourcesllc.com</u>			
6. Complainant's relationship to property, if not owner <u>Employee, Business Development Manager</u>			
If more than one parcel is included, see "Multiple Parcels" on back.			
7. Parcel numbers from tax bill		Address of property	
<u>05-0000122.400</u>		<u>29500 Charleston St.</u>	
<u>05-0000122.401</u>		<u>29500 Charleston St.</u>	
<u>05-0001453.400</u>		<u>311 Charleston St.</u>	
8. Principal use of property <u>Investment for oil and gas development participation</u>			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>05-0000122.400</u>	<u>\$0.00</u>	<u>\$20.76</u>	<u>\$20.76</u>
<u>05-0000122.401</u>	<u>\$0.00</u>	<u>\$14.46</u>	<u>\$14.46</u>
<u>05-0001453.400</u>	<u>\$0.00</u>	<u>\$8.18</u>	<u>\$8.18</u>
10. The requested change in value is justified for the following reasons: <u>HR4 Minerals, LLC purchased oil, gas and related hydrocarobns only. HR4 does not own any land, buildings, or hard rock minerals.</u>			

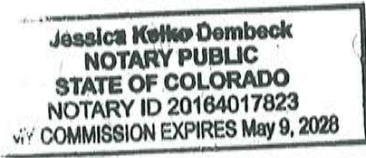
11. Was property sold within the last three years? Yes No Unknown If yes, show date of sale 9/1/2023 and sale price \$ 64,752.00 ; and attach information explained in "Instructions for Line 11" on back.
12. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
13. If any improvements were completed in the last three years, show date N/A and total cost \$ \$0.00
14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
15. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
- The property was sold in an arm's length transaction. The property lost value due to a casualty.
- A substantial improvement was added to the property. Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 2/23/2026 Complainant or agent M. Todd Ritchie Signature Title (if agent) Business Development Manager

Sworn to and signed in my presence, this 23rd day of February, year 2026

Notary Jessica Kellie Dembeck Signature



RECEIVED
HARRISON COUNTY

MAR 04 2026

CLINT A. BARR
AUDITOR

RECEIVED
HARRISON COUNTY

Tax year 2025 BOR no. 3402
25-12
County Harrison Date received 3-9-26

12
DTE 1
Rev. 12/22

MAR 09 2026 Complaint Against the Valuation of Real Property

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

CLINT A. BARR

Attach additional pages if necessary.

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

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

1. Owner of property		Name		Street address, City, State, ZIP code	
2. Complainant if not owner					
3. Complainant's agent					
4. Telephone number and email address of contact person					
740-381-8891 tmdeyoe@windstream.net					
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		
140000390000			506 Virginia St. Hopedale, Ohio 43976		
7. Principal use of property <u>residential</u>					
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.					
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value		
140000390000	\$50,000	\$210,457.14	-\$160,457.14		
9. The requested change in value is justified for the following reasons:					
House not livable due to fire. Approved to be torn down by Village of Hopedale					

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

RECEIVED
HARRISON COUNTY

3402
25-13

13

Tax year 2025

BOR no. _____

DTE 1
Rev. 08/21

MAR 11 2026

County HARRISON

Date received JANUARY 2026

Complaint Against the Valuation of Real Property

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

CLINT A. BARR
AUDITOR

Attach additional pages if necessary.

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

Original complaint Counter complaint

Notices will be sent only to those named below.

Name		Street address, City, State, ZIP code	
1. Owner of property	<u>Robert Knight</u>	<u>91495 Kilgore Ridge Rd. Scio OH.</u>	<u>43988</u>
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number of contact person <u>1-740-945-0101</u>			
5. Email address of complainant <u>none</u>			
6. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" on back.			
7. Parcel numbers from tax bill		Address of property	
<u>200000385000</u>		<u>91505 Kilgore Ridge Rd. Scio OH 43988</u>	
<u>200000384000</u>		<u>91505 Kilgore Ridge Rd. Scio OH 43988</u>	
<u>200000383000</u>		<u>91505 Kilgore Ridge Rd Scio OH 43988</u>	
8. Principal use of property <u>will be empty lots or yard</u>			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>200000385000</u>	<u>\$ 350</u>	<u>\$ 3050</u>	
<u>200000384000</u>	<u>\$ 350</u>	<u>\$ 1700</u>	
<u>200000383000</u>	<u>\$ 300</u>	<u>\$ 11480</u>	
10. The requested change in value is justified for the following reasons: <u>NO WORKING SEPTIC SYSTEM</u> <u>NO WATER WELL ON THESE 3 LOTS</u> <u>HOUSE WILL BE TORN DOWN THIS SUMMER</u>			

11. Was property sold within the last three years? Yes No Unknown If yes, show date of sale Dec. 2025 and sale price \$ 3000 ; and attach information explained in "Instructions for Line 11" on back.

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

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

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

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

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

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

Date 3-11-2026 Complainant or agent Robert Knight Signature _____ Title (if agent) _____

Sworn to and signed in my presence, this 11th day of MARCH 2026
Notary Rebecca Sandy Signature _____
REBECCA SANDY
Notary Public
State of Ohio
My Comm. Expires
May 11, 2026



RECEIVED
HARRISON COUNTY

Tax year 2025 BOR no. 3402
County Harrison Date received 25-14
3-11-26

DTE 1
Rev. 12/22

14

Complaint Against the Valuation of Real Property

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

Attach additional pages if necessary.

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

CLINT A. BARR
AUDITOR

Original complaint Counter complaint

Notices will be sent only to those named below.

1. Owner of property		James & Holly Butler		78600 Freeport Tippecanoe Rd.	
2. Complainant if not owner		N/A		Freeport, OH 43973	
3. Complainant's agent		N/A			
4. Telephone number and email address of contact person (207) 943-1077 Bigbutler67@yahoo.com					
5. Complainant's relationship to property, if not owner If more than one parcel is included, see "Multiple Parcels" instruction.					
6. Parcel numbers from tax bill			Address of property		
30-0000014.001			78600 Freeport Tippecanoe Rd		
			Freeport, OH, 43973		
7. Principal use of property Primary Residence					
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.					
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value		
30-0000014.001	\$ 250,000.00	\$ 305,600.00	\$ 55,600.00		
N/A	N/A	N/A	N/A		
N/A	N/A	N/A	N/A		
9. The requested change in value is justified for the following reasons: Property purchased for \$250,000, with no appreciable modifications to increase valuation.					

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale 09/20/2024
and sale price \$ \$250,000 ; and attach information explained in "Instructions for Line 10" on back.

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

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

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

MAR 11 2026

Complaint Against the Valuation of Real Property

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

CLINT A. BARR

AUDITOR

Attach additional pages if necessary.

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

Original complaint Counter complaint

Notices will be sent only to those named below.

Name		Street address, City, State, ZIP code	
1. Owner of property		Ellie E. Tol & Shirley B. McCoy PO Box 86 Piedmont, Ohio 43953	
2. Complainant if not owner		Susie Nye 38300 Belmont Ridge Rd. Flushing, Ohio 43827	
3. Complainant's agent			
4. Telephone number of contact person <u>740-312-8359</u>			
5. Email address of complainant <u>piggy.susie@gmail.com</u>			
6. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" on back.			
7. Parcel numbers from tax bill		Address of property	
<u>170000661000</u>		<u>PO Box 86 Piedmont, Ohio 43953</u>	
<u>170000662000</u>		<u>PO Box 86 Piedmont, Ohio 43953</u>	
8. Principal use of property <u>estate</u>			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>170000661000</u>			RECEIVED HARRISON COUNTY MAR 11 2026
<u>170000662000</u>	<u>10,000.00</u>	<u>46,090</u>	
	<u>2600.00</u>	<u>7140</u>	
10. The requested change in value is justified for the following reasons: <u>Nobody lives there and hasn't for years!</u> <u>It's Abandoned</u>			CLINT A. BARR AUDITOR

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

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

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

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

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

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

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

Date 3-11-26 Complainant or agent Susan Nye Signature _____ Title (if agent) _____

I swear to and signed in my presence, this 11th day of March year 2026

Notary Jane Smith Signature _____



Tax year 2025 BOR no. 3402 25-16
 County Harrison Date received 3/12/2026

DTE 1
Rev. 08/21

16

Complaint Against the Valuation of Real Property

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

MAR 12 2026

1. Owner of property CLINT A. BARR AUDITOR		Name <u>crosshair of christ</u> <u>Matthew E. Blackburn</u>	Street address, City, State, ZIP code <u>27400 west chester Rd. Freeport, Ohio 43973</u>
2. Complainant if not owner		<u>self</u>	
3. Complainant's agent			
4. Telephone number of contact person <u>740 510 5184</u>			
5. Email address of complainant <u>crosshairofchrist@hotmail.com</u>			
6. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" on back.			
7. Parcel numbers from tax bill <u>9-0000275.005</u>		Address of property <u>27400 west chester Rd Freeport Ohio 43973</u>	
8. Principal use of property <u>Just Home yard, garden</u>			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
10. The requested change in value is justified for the following reasons: <u>The property taxes need adjusted because of burial of spouse!</u>			

11. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ _____ ; and attach information explained in "Instructions for Line 11" on back.
12. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
13. If any improvements were completed in the last three years, show date _____ and total cost \$ _____
14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
15. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
- The property was sold in an arm's length transaction. The property lost value due to a casualty.
 A substantial improvement was added to the property. Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 3/12/2026 Complainant or agent Matthew E. Blackburn Signature Matthew E. Blackburn Title (if agent) _____

Sworn to and signed in my presence, this 12th day of March year _____

Notary Jessica N. Ebergho Signature



MAR 18 2026

Complaint Against the Valuation of Real Property

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

CLINT A. BARR

Attach additional pages if necessary.

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

Original complaint Counter complaint

Notices will be sent only to those named below.

Name		Street address, City, State, ZIP code	
1. Owner of property			
2. Complainant if not owner		Galbreath Farms LLC 7634 State Rt 800 SE	
3. Complainant's agent		Cynthiansville, OH 44683	
4. Telephone number of contact person 330-827-5620 Terriann Harding			
5. Email address of complainant sales@terriann.com			
6. Complainant's relationship to property, if not owner mineral rights holder			
If more than one parcel is included, see "Multiple Parcels" on back.			
7. Parcel numbers from tax bill		Address of property	
070000424401			
070000425400			
070000424400			
8. Principal use of property			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
10. The requested change in value is justified for the following reasons: We only own the gas and oil mineral rights.			

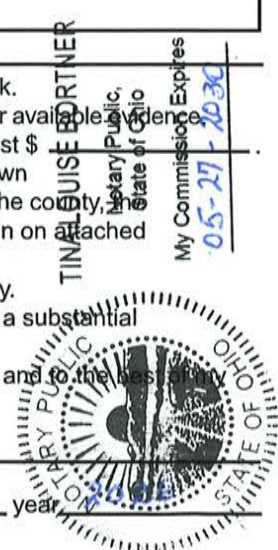
11. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ _____ ; and attach information explained in "Instructions for Line 11" on back.
12. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
13. If any improvements were completed in the last three years, show date _____ and total cost \$ _____
14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
15. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
- The property was sold in an arm's length transaction. The property lost value due to a casualty.
- A substantial improvement was added to the property. Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 3-18-26 Complainant or agent [Signature] Title (if agent) _____

Sworn to and signed in my presence, this 18th day of March year _____

Notary [Signature]
Signature



RECEIVED
HARRISON COUNTY

Tax year 2025

BOR no. 3402
25-18

DTE 1M
Rev. 02/19

County Harrison

Date received 3-23-26

Complaint Against the Valuation of a Manufactured or

MAR 23 2026 **Mobile Home Taxed Like Real Property**
Answer all questions and type or print all information. Read instructions on back before completing form.

CLINT A. BARR
AUDITOR

Attach additional pages if necessary.
 Original complaint Counter complaint
Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code
1. Owner of home	<u>J & B Hydroseeding</u>	<u>3869 Twp rd 120 Dillonville Oh</u>
2. Complainant if not owner		
3. Complainant's agent		
4. Telephone number of contact person	<u>740-582-0744</u>	
5. Email address of complainant	<u>RJmills5@yahoo.com</u>	
6. Complainant's relationship to home, if not owner		

If more than one home is included, see "Multiple Homes" on back.

7. Registration number from tax bill	Address of home
<u>Parcel # 110000128.000</u>	<u>87724 Amsterdam Rd, Jewett OH</u>

8. Principal use of home

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

Registration Number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>110000128.000</u>	<u>0</u>	<u>0</u>	<u>0</u>

10. The requested change in value is justified for the following reasons:
Mobile home was destroyed by previous owners. Mobile home no longer exists.

11. Was home sold within the last three years? Yes No Unknown If yes, show date of sale June 1st 2025 and sale price \$ 184,500 ; and attach information explained in "Instructions for Line 11" on back.
12. If home was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
13. If any improvements were completed in the last three years, show date _____ and total cost \$ _____
14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
15. If you have filed a prior complaint on this home since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
- The home was sold in an arm's length transaction.
 - The home lost value due to a casualty.
 - A substantial improvement was added to the home.
 - Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 3-18-26 Complainant or agent RJ Mills Signature RJ Mills Title (if agent) RT041624

Sworn to and signed in my presence, this 23rd day of March year 2026

Tax year _____ BOR no. _____

DTE 1M
Rev. 02/19

County _____ Date received _____

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

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

Attach additional pages if necessary.

Original complaint Counter complaint

Notices will be sent only to those named below.

Name		Street address, City, State, ZIP code	
1. Owner of home			
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number of contact person			
5. Email address of complainant			
6. Complainant's relationship to 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	
8. Principal use of home			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Registration Number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
10. The requested change in value is justified for the following reasons:			

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.

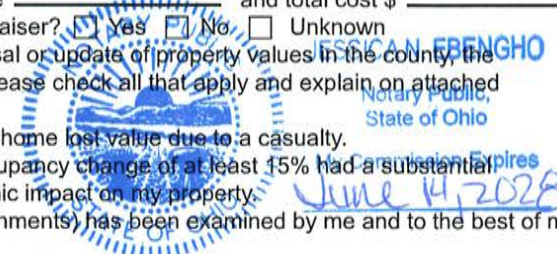
- The home lost value due to a casualty.
- Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 3-23-26 Complainant or agent Jane M. [Signature] Title (if agent) _____
Signature [Signature] RT041624

Sworn to and signed in my presence, this 23 day of March year 2026

Notary Jessica Nebengho Signature



RECEIVED
HARRISON COUNTY

Tax year 2025 BOR no. 3402
County Harrison Date received 25-19
3-25-26

DTE 1
Rev. 08/21

MAR 25 2026

Complaint Against the Valuation of Real Property

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

CLINT A. BARR
AUDITOR

Attach additional pages if necessary.

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

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name		Street address, City, State, ZIP code	
1. Owner of property	Donald Jones III		41630 Romley Rd E	
2. Complainant if not owner			Jewett OH 43986	
3. Complainant's agent				
4. Telephone number of contact person	740-317-7615			
5. Email address of complainant	dject@ yahoo.com			
6. Complainant's relationship to property, if not owner				
If more than one parcel is included, see "Multiple Parcels" on back.				
7. Parcel numbers from tax bill	Address of property			
140000413000	100 West Main St			
	Hopedal OH 43976			
8. Principal use of property				
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.				
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value	
140000413000	\$ 5600	\$ 15,910	\$ 10,910	
10. The requested change in value is justified for the following reasons: I own the lot next to this one @ 152 W. Main. It has a building. It's land valuation is only \$11,260. This is an empty lot with no building and is no longer a commercial property.				

11. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ _____ ; and attach information explained in "Instructions for Line 11" on back.
12. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
13. If any improvements were completed in the last three years, show date _____ and total cost \$ _____
14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
15. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on a attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
- The property was sold in an arm's length transaction. The property lost value due to a casualty.
- A substantial improvement was added to the property. Occupancy change of at least 15% had a substantial economic impact on my property.



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

Date 3/24/26 Complainant or agent [Signature] Title (if agent) _____

Sworn to and signed in my presence, this 24 day of March year 2026

Notary Jacqueline Bennett
Signature

RECEIVED
HARRISON COUNTY

MAR 25 2026

Tax year 2025 BOR no. 3402
County Harrison Date received 25-20
3-25-26

DTE 1
Rev. 08/21

20

Complaint Against the Valuation of Real Property

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

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

Original complaint Counter complaint

Notices will be sent only to those named below.

1. Owner of property		Name		Street address, City, State, ZIP code	
2. Complainant if not owner		Donald Jones		41630 Rumley RDE	
3. Complainant's agent				Jewett OH 43986	
4. Telephone number of contact person		740 317 7615			
5. Email address of complainant		dselect@yahoo.com			
6. Complainant's relationship to property, if not owner					
If more than one parcel is included, see "Multiple Parcels" on back.					
7. Parcel numbers from tax bill			Address of property		
210000142.001			109 Maple St		
			SCIO, OH 43988		
8. Principal use of property		Rental			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.					
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value		
210000142.001	\$ 11,260	\$ 13,770	\$ 2,510		
21-0011.999999	(House Trailer)				
10. The requested change in value is justified for the following reasons: My tax bill shows valuation for a building on the property. I already pay separate tax on the house trailer that's on the property. I am being double taxed for a single dwelling on the property.					

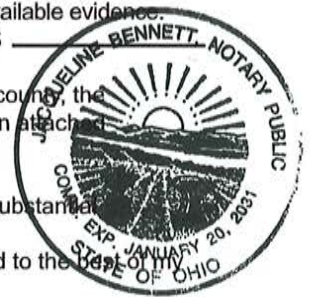
- 11. Was property sold within the last three years? Yes No Unknown If yes, show date of sale 8/7/2025 and sale price \$ 3000; and attach information explained in "Instructions for Line 11" on back.
- 12. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
- 13. If any improvements were completed in the last three years, show date none and total cost \$ _____
- 14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
- 15. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
 - The property was sold in an arm's length transaction.
 - The property lost value due to a casualty.
 - A substantial improvement was added to the property.
 - Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 3/24/26 Complainant or agent [Signature] Title (if agent) _____

Sworn to and signed in my presence, this 24 day of March year 2026

Notary [Signature]
Signature



RECEIVED
HARRISON COUNTY

Tax year 2025 BOR no. 3402
County Harrison Date received 25-21
3-27-26

DTE 1M
Rev. 02/19

21

MAR 27 2026

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

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

Attach additional pages if necessary.
 Original complaint Counter complaint
Notices will be sent only to those named below.

Name		Street address, City, State, ZIP code	
1. Owner of home	Angel m Fellows	37603 Lower Clearfork Rd	
2. Complainant if not owner		Codiz OH 43907	
3. Complainant's agent		(meadowood trail)	
4. Telephone number of contact person	740-317-3368		
5. Email address of complainant	Angelfellows022784@gmail.com		
6. Complainant's relationship to home, if not owner	Self		
If more than one home is included, see "Multiple Homes" on back.			
7. Registration number from tax bill	Address of home		
29-0077	37603 meadowood trail		
	Scioto, Ohio (physical address)		
8. Principal use of home	none Deployerorable cond.		
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Registration Number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
	0		

10. The requested change in value is justified for the following reasons:
* Was signed over the property due to wanting to clean up property due to the cond of the trailer was non livable animals/snakes living in it tree fell on it. I have kids and horse and wanted to clean up the area. we removed trailer cleaned all garbage off land. Requesting back taxes removed. Present.

- 11. Was home sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ _____ ; and attach information explained in "Instructions for Line 11" on back.
- 12. If home was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
- 13. If any improvements were completed in the last three years, show date _____ and total cost \$ _____
- 14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
- 15. If you have filed a prior complaint on this home since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
 - The home was sold in an arm's length transaction.
 - The home lost value due to a casualty.
 - A substantial improvement was added to the home.
 - Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date: 3/27/2026 Complainant or agent: Angel m Fellows Title (if agent) _____
Signature _____

Sworn to and signed in my presence, this _____ day of March year 2026
Notary: Jessica N. Ebengro Signature



Tax year 2025 BOR no. 3402 25-22
 County Harrison Date received 3-30-26

DTE 1M
 Rev. 02/19 22

Complaint Against the Valuation of a Manufactured or Mobile Home Taxed Like Real Property RECEIVED HARRISON COUNTY

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.

MAR 30 2026

CLINT A. BARR
 AUDITOR

1. Owner of home			
2. Complainant if not owner		Glenn Amillar Estate	
3. Complainant's agent		Bobbi Richardson Exec	
4. Telephone number of contact person		330-418-0510	
5. Email address of complainant		mrichardson1977@gmail.com	
6. Complainant's relationship to home, if not owner		sister + executor of estate	
If more than one home is included, see "Multiple Homes" on back.			
7. Registration number from tax bill		Address of home	
		33320 Akron Boat Club Rd Piedmont Oh 43983	
8. Principal use of home <u>Vacation home -</u>			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Registration Number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
17-0021.999999	0	0	0
(7603060130) ?			
10. The requested change in value is justified for the following reasons: <u>home is 66 years old - It has fallen down and scrapped.</u>			

11. Was home sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ _____ ; and attach information explained in "Instructions for Line 11" on back.
12. If home was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
13. If any improvements were completed in the last three years, show date _____ and total cost \$ _____
14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
15. If you have filed a prior complaint on this home since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
- The home was sold in an arm's length transaction. The home lost value due to a casualty.
 A substantial improvement was added to the home. Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 3-18-26 Complainant or agent Bobbi Richardson Title (if agent) Exec
 Signature

Sworn to and signed in my presence, this 18 day of March year 2026

Notary Diana L. Kuf Signature
 my commission exp 10/17/28

Tax year 2024

BOR no. 25-23

RECEIVED
HARRISON COUNTY

DTE 2
Rev 10/19

County Harrison

Date received _____

MAR 30 2026

Complaint Against the Assessment of Real Property Other than Market Value

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

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

	Name	Street address, City, State, ZIP code
1) Owner of property	<u>Anadels Grounds LLC</u>	<u>4393 Trevi Ct Apt 303, Lake Worth, FL</u>
2) Complainant if not owner		
3) Complainant's agent		
4) Telephone number of contact person	<u>561-225-6192</u>	RECEIVED HARRISON COUNTY
5) Email address of complainant	<u>cidera@hotmail.com</u>	
6) Complainant's relationship to property, if not owner		MAR 30 2026
If more than one parcel number is included, see "Multiple Parcels" on back.		
7) Parcel number from tax bill	# Acres, if applicable	Address of property
<u>05-0001922-000</u>	<u>6.95</u>	<u>201 Burton Drive, 5 Cadiz Village, OH</u>

8) Indicate the reason for this complaint:

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

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

Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>05 0001922 000</u>	<u>1 030 057.67</u> <u>(NOI/CAP RATE : 89306/8.67)</u> <u>100</u>	<u>1 840 570.00</u>	<u>810 512.33</u>

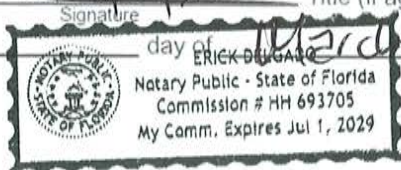
10) The requested change is justified for the following reasons: High Operating Expenses : 72.32%
(Op Exp / GOI : 233 283 / 322 589)

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

Date 03/28/2026 Complainant or agent [Signature] Title (if agent) _____

Sworn to and signed in my presence, this 28 day of March year 2026

Notary [Signature] Signature



Tax year 2024 BOR no. 25-23 cont DTE 1 Rev. 12/22

County Harrison Date received _____

Complaint Against the Valuation of Real Property

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

Attach additional pages if necessary.

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

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

Name		Street address, City, State, ZIP code	
1. Owner of property	<u>Anadels Grounds LLC</u>		<u>14393 Trevi Ct Apt 303, Lake Worth, FL</u>
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person			
<u>561-225-6192 cidera@hotmail.com</u>			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property	
<u>05-0001922.000</u>		<u>201 Burton Drive, 5 Cadiz Village, OHIO</u>	
7. Principal use of property			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>05-0001922.000</u>	<u>1 030 057.67</u>	<u>1 840 570.00</u>	<u>810 512.33</u>
	<u>(NOI/CAP RATE: 89306/8.67%)</u>		
9. The requested change in value is justified for the following reasons:			
<u>High Operating Expenses : 72.32%</u> <u>(Op Exp / GOI : 233,283.00 / 322,589.00)</u>			

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale 10/15/2023
 and sale price \$ 2,500,000 ; and attach information explained in "Instructions for Line 10" on back.

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

12. If any improvements were completed in the last three years, show date Aug 2025 and total cost \$ 480,100

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

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

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

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


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

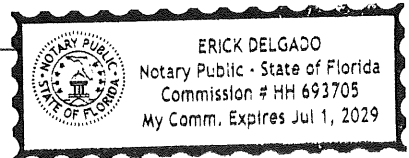
I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 03/28/2026 Complainant or agent (printed) P. DANIEZ CIDERA Title (if agent) _____

Complainant or agent (signature) 

Sworn to and signed in my presence, this 28 (Date) day of March (Month) 2026 (Year)

Notary 



Tax year 2025

BOR no. 3402 25-24

DTE 1 Rev 12/22

County Harrison

Date received MAR 30 2026

Complaint Against the Valuation of Real Property

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

CLINT A. BARR AUDITOR

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

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

Form with sections 1-9. Section 1: Owner of property Anadels Grounds LLC, 4393 Trevi Ct Apt 303, Lake Worth, FL. Section 4: Telephone number 561-225-6192, email cidera@hotmail.com. Section 6: Parcel numbers 05-0001922.000, Address 201 Burton Drive, 5 Cadiz Village, OHIO. Section 8 table with columns for Parcel number, Column A (Complainant's Opinion of Value), Column B (Current Value), and Column C (Change in Value). Section 9: High Vacancy Rate: 52.08% (25/48), High Operating Expenses: 103.61% (Op Exp/GOI: 233,777/229,501).

10. Was property sold within the last three years? [] Yes [] No [] Unknown If yes, show date of sale 10/15/2023 and sale price \$ 2,500,000 ; and attach information explained in "Instructions for Line 10" on back.

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

12. If any improvements were completed in the last three years, show date Aug 2025 and total cost \$ 480,000

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

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

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

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

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

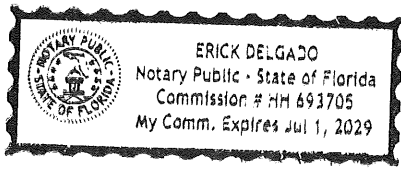
I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 03/28/2026 Complainant or agent (printed) PIERRE DANIEL CIGERAT Title (if agent) _____

Complainant or agent (signature) 

Sworn to and signed in my presence, this 28 day of March 2026
(Date) (Month) (Year)

Notary 



Tax year 2025 BOR no. 25-24-cont. DTE 2 Rev 10/19
 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 of property. Complaints against market value should be filed on the DTE Form 1. Answer all questions and type or print all information. Read the instructions on the back before completing form. Attach additional pages as necessary.

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

	Name	Street address, City, State, ZIP code
1) Owner of property	<u>Anadels Grounds LLC</u>	<u>4393 Trevi Ct Apt 303, Lake Worth, FL</u>
2) Complainant if not owner		
3) Complainant's agent		
4) Telephone number of contact person	<u>561-225-6192</u>	
5) Email address of complainant	<u>cidera@hotmail.com</u>	
6) Complainant's relationship to property, if not owner		
If more than one parcel number is included, see "Multiple Parcels" on back		
7) Parcel number from tax bill	# Acres, if applicable	Address of property
<u>05-0001922.000</u>	<u>6.95</u>	<u>201 Burton Drive, 5 Cadiz Village, OH</u>

8) Indicate the reason for this complaint:

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

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

Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>050001922000</u>	<u>0</u> <u>(NOI/CAP RATE: -8276/8.67%)</u>	<u>1840570.00</u>	<u>1840570.00</u>

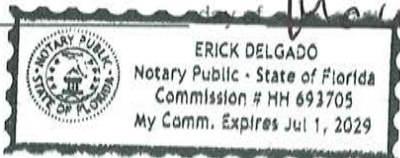
10) The requested change is justified for the following reasons: High Vacancy Rate: 52.08% (25/48)
High Operating Expenses: 103.61%
(Op Exp / GOI: 237777 / 229501)

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

Date 03/28/2026 Complainant or agent [Signature] Title (if agent) DANIEL CIDERA

Sworn to and signed in my presence, this 28 day of March year 2026

Notary [Signature] Signature



Not my Hanger

Tax year 2025 BOR no. 3402 25-25 RECEIVED DTE 1 Rev. 12/22 25

County HARRISON Date received HARRISON COUNTY

Complaint Against the Valuation of Real Property

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

This form is for full market value complaints only. All other complaints should use ONE FORM BARR
 Original complaint Counter complaint
Notices will be sent only to those named below. **AUDITOR**

	Name	Street address, City, State, ZIP code
1. Owner of property	unknown	
2. Complainant if not owner	Pamela Rominski	14666 Osborne Rd Salesville OH
3. Complainant's agent	N/A	43775
4. Telephone number and email address of contact person 740 827 2005		

5. Complainant's relationship to property, if not owner Previous owner.

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

6. Parcel numbers from tax bill	Address of property
05666 2335004 ?	43666 Airport Rd Cadiz OH 43907

7. Principal use of property Airplane Hanger.

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

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

9. The requested change in value is justified for the following reasons: This Hanger was sold in 2014. According to auditor it is still under my name. Enclosed is Bill of Sale Please Remove from my Name + Tax Bill.

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

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

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

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

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

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

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

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

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

Date 2-11-26 Complainant or agent (printed) Pamela Rominski (Title (if agent) _____)

Complainant or agent (signature) *Pamela Rominski*

STATE OF OHIO, COUNTY OF GUERNSEY, 11TH day of FEBRUARY, 2026
Sworn to and signed in my presence, this _____ (Date) _____ (Month) _____ (Year)

Notary *Lori Mitchell*
My Commission exp. 06-27-2028



LORI A MITCHELL
Notary Public
State of Ohio
My Comm. Expires
June 27, 2028

My Hanger

Tax year 2025 BOR no. 3402
2526
County Harrison Date received 3-31-26

DTE 1
Rev. 12/22

26

Complaint Against the Valuation of Real Property

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

Attach additional pages if necessary.

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

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1. Owner of property	<u>Pamela Ruminiski</u>	<u>19666 Osborne Rd Salesville OH</u>	
2. Complainant if not owner		<u>43778</u>	
3. Complainant's agent			
4. Telephone number and email address of contact person			
<u>740 827 2005 PSRIFly@gmail.com</u>			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property	
<u>050007335004</u>		<u>43000 Airport Rd Cadiz OH</u>	
		<u>43907</u>	
7. Principal use of property <u>Airplane Hangar</u>			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>N/A</u>			
9. The requested change in value is justified for the following reasons: <u>This is classified as a Commercial building according to you. It is not It has always just been a private Hangar.</u>			

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

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

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

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

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

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

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

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

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

Date 2-11-26 Complainant or agent (printed) Pamela Rominski Title (if agent) _____

Complainant or agent (signature) *Pamela Rominski*

STATE OF OHIO, COUNTY OF GUERNSEY, 11th day of FEBRUARY, 2026
Sworn to and signed in my presence, this _____ (Date) _____ (Month) _____ (Year)

Notary *Lori A Mitchell*
My Commission exp. 06-27-2028



LORI A MITCHELL
Notary Public
State of Ohio
My Comm. Expires
June 27, 2028

RECEIVED
HARRISON COUNTY

Tax year 2024
County HARRISON

BOR no. 25-27
Date received 3-31-26

DTE 1
Rev. 08/21

3401-CV 27

MAR 31 2026
CLINT A. BARR
AUDITOR

Complaint Against the Valuation of Real Property

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

Attach additional pages if necessary.

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

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1. Owner of property	Peggy Vincent	31701 Tunnel Hill RD	
2. Complainant if not owner		BOWERSTON OH 44698	
3. Complainant's agent			
4. Telephone number of contact person	740 296 6401		
5. Email address of complainant	hillikerpeggy@gmail.com		
6. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" on back.			
7. Parcel numbers from tax bill	Address of property		
160005002000	209 Water Alley BOWERSTON		
8. Principal use of property	A PLACE FOR BROTHER TO STAY		
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
10. The requested change in value is justified for the following reasons: I think this is High Due to nothing being Done to trailers No improvements.			

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

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

13. If any improvements were completed in the last three years, show date no and total cost \$ _____.

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

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

- The property was sold in an arm's length transaction.
- A substantial improvement was added to the property.

- The property lost value due to a casualty.
- Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 2-20-2026 Complainant or agent Peggy Hilliker Signature Peggy Hilliker Title (if agent) _____

Sworn to and signed in my presence, this 20 day of February year 2026



Signature Jessica L. Smith

RECEIVED
HARRISON COUNTY

Tax year 2025 BOR no. 3402
County Harrison Date received 25-28
3-31-26

28
DTE 1
Rev. 08/21

MAR 31 2026

Complaint Against the Valuation of Real Property

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

CLINT A. BARR

Auditor 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 <u>ALAN</u>	Street address, City, State, ZIP code	
1. Owner of property	<u>BARBARA A. THOMPSON</u>	<u>JEWETT OH</u>	
2. Complainant if not owner		<u>43986</u>	
3. Complainant's agent			
4. Telephone number of contact person	<u>740-946-6171</u>		
5. Email address of complainant			
6. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" on back.			
7. Parcel numbers from tax bill	Address of property		
<u>24-00000 36-000</u>	<u>LOT 382 BLACKBURN ALLEY JEWETT, OH 43986</u>		
8. Principal use of property	<u>VACANT LOT GROWN UP WITH BRUSH</u>		
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
10. The requested change in value is justified for the following reasons:			

- 11. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ _____ ; and attach information explained in "Instructions for Line 11" on back.
- 12. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
- 13. If any improvements were completed in the last three years, show date _____ and total cost \$ _____
- 14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
- 15. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
 - The property was sold in an arm's length transaction.
 - The property lost value due to a casualty.
 - A substantial improvement was added to the property.
 - Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 2-14-2026 Complainant or agent BARBARA THOMPSON Title (if agent) OWNER
Signature

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

Notary _____
Signature

Tax year 2025 BOR no. 3402
25-29
 County Harrison Date received 3-31-26

DTE TM
 Rev. 02/19

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 HARRISON COUNTY

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

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

CLINT A. BARR
 AUDITOR

Attach additional pages if necessary.
 Original complaint Counter complaint
 Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1. Owner of home	<u>Dale Carothers & Philda</u>	<u>88385 Buxton Rd. Sci O H 43988</u>	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number of contact person	<u>740-945-0179</u>		
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		
8. Principal use of home			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Registration Number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>B52107000</u>	<u>1,000-</u>	<u>0</u>	
10. The requested change in value is justified for the following reasons: <u>Trailer is unlivable, no roof, rotted</u>			

11. Was home sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ _____ ; and attach information explained in "Instructions for Line 11" on back.
12. If home was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
13. If any improvements were completed in the last three years, show date _____ and total cost \$ _____ .
14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
15. If you have filed a prior complaint on this home since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
- The home was sold in an arm's length transaction. The home lost value due to a casualty.
 A substantial improvement was added to the home. Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 2/16/2026 Complainant or agent Dale Carothers Title of agent Notary Public
 Signature [Signature] CONNIE DOLVIN
 Notary Public

Sworn to and signed in my presence, this 18th day of February year 2026 state of Ohio

Notary [Signature] My Comm. Expires November 4, 2028



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HARRISON COUNTY

Tax year 2025 BOR no. 3402
County Harrison Date received 25-30
3-31-26

DTE 1
Rev. 08/21

30

MAR 31 2026 **Complaint Against the Valuation of Real Property**

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

CLINT A. BARR
AUDITOR

Attach additional pages if necessary.

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

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code
1. Owner of property	SCE Land LLC	3375 9 Hull Rd Salineville Ohio 43945
2. Complainant if not owner		
3. Complainant's agent	Jed Coldwell, owner	
4. Telephone number of contact person	330-831-4314	
5. Email address of complainant	jed.coldwell@yahoo.com	
6. Complainant's relationship to property, if not owner		

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

7. Parcel numbers from tax bill	Address of property
290000048300	N/A
010000103301	N/A

8. Principal use of property Minerals - Some Coal

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

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

10. The requested change in value is justified for the following reasons:
SCE Land LLC owns both the surface and the coal for both of these parcels, so SCE Land should not be billed for mineral interest. Please reimburse 2024 Bill #12110 (\$68.28) and 2024 Bill #12280 (\$255.19)

11. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ _____ ; and attach information explained in "Instructions for Line 11" on back.
12. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
13. If any improvements were completed in the last three years, show date _____ and total cost \$ _____.
14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
15. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
- The property was sold in an arm's length transaction. The property lost value due to a casualty.
- A substantial improvement was added to the property. Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 2-19-26 Complainant or agent Jed Coldwell Title (if agent) owner
Signature

Sworn to and signed in my presence, this February day of 2026 year

Notary Weyne Signature



RECEIVED
HARRISON COUNTY

Tax year 2025 BOR no. 3402
County Harrison Date received 25-31
3-31-26

DTE 1
Rev. 08/21

Complaint Against the Valuation of Real Property

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

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

	Name	Street address, City, State, ZIP code
1. Owner of property	<u>Jeff A Eckley</u>	<u>91195 Eckley Rd. Jewett OH 43028</u>
2. Complainant if not owner		
3. Complainant's agent	<u>owner of property</u>	<u>MH on property</u>
4. Telephone number of contact person	<u>740-946-2055</u>	
5. Email address of complainant		
6. Complainant's relationship to property, if not owner	<u>none</u>	

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

7. Parcel numbers from tax bill	Address of property
<u>23-0077</u>	<u>91075 Eckley Rd Jewett OH 43028</u>

8. Principal use of property Rental now condemned

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

Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>23-00000/4,000</u>	<u>0 value</u>	<u>100</u>	<u>-</u>

10. The requested change in value is justified for the following reasons:
MH is condemned NO value

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

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

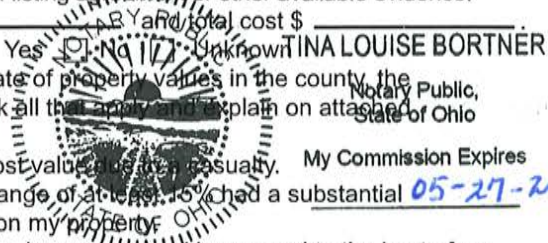
13. If any improvements were completed in the last three years, show date _____ and total cost \$ _____

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

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

The property was sold in an arm's length transaction. The property lost value due to a casualty. My Commission Expires _____

A substantial improvement was added to the property. Occupancy change of at least 15% had a substantial economic impact on my property. 05-27-2030



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

Date 2-25-2026 Complainant or agent [Signature] Title (if agent) _____
Signature

Sworn to and signed in my presence, this 25th day of February year 2026

Notary [Signature]
Signature

RECEIVED
HARRISON COUNTY

Tax year 2025

BOR no. _____

3402
25-32

DTE 1
Rev. 12/22

32

County HARRISON

Date received _____

MAR 31 2025

Complaint Against the Valuation of Real Property

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

CLINT A. BARR

Attach additional pages if necessary.

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

AUDITOR

Original complaint Counter complaint

Notices will be sent only to those named below.

1. Owner of property		Name <u>WILLIAM + TINA MORRISON</u>		Street address, City, State, ZIP code <u>208 PINE ST FREEDOT, OHIO</u>	
2. Complainant if not owner				<u>43973</u>	
3. Complainant's agent					
4. Telephone number and email address of contact person <u>330-440-4222 William Morrison (672)@gmail.com</u>					
5. Complainant's relationship to property, if not owner					
If more than one parcel is included, see "Multiple Parcels" Instruction.					
6. Parcel numbers from tax bill			Address of property		
<u>100000125001</u>			<u>208 PINE ST FREEDOT OHIO 43973</u>		
7. Principal use of property					
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.					
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value		
<u>100000125001</u>	<u>\$ 4,000</u>	<u>\$ 4,000</u>	<u>0</u>		
9. The requested change in value is justified for the following reasons: <u>I AM BEING CHARGED FOR THINGS THAT DO NOT BELONG TO ME. THERE IS NO HOUSE OR BUILDING ON PROPERTY. IT IS A 80 X 100 VACANT LOT. THIS NEEDS TO BE HANDLED AND FIXED.</u>					

10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ 6,000 ; and attach information explained in "Instructions for Line 10" on back.

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

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

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

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

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

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

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

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

Date 2/9/26 Complainant or agent (printed) William Morrison Title (if agent) _____

Complainant or agent (signature)  _____

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

Notary _____

RECEIVED
HARRISON COUNTY

Tax year 2025

BOR no. _____

3402
25-33

DTE 1
Rev. 08/21

33

County Harrison

Date received 3-31-26

Complaint Against the Valuation of Real Property

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

Attach additional pages if necessary.

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

CLINT A. BARR
AUDITOR

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1. Owner of property	Frederick H. Baker, Jr.	115 Ashford Dr. Winter Springs, FL 32708	
2. Complainant if not owner	N/A	N/A	
3. Complainant's agent	N/A	N/A	
4. Telephone number of contact person	407-448-7522 / 321-238-4576		
5. Email address of complainant	ted@bakelandscaping.com		
6. Complainant's relationship to property, if not owner	N/A		
If more than one parcel is included, see "Multiple Parcels" on back.			
7. Parcel numbers from tax bill	Address of property		
210000430000	104 Grandview St, Seid OH		
8. Principal use of property	Non Livable		
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
210000430000	Land \$9,510.00	\$9510.00	\$00.00
	Building \$00.00	\$8510.00	-\$8,510.00
10. The requested change in value is justified for the following reasons: <u>All of house is uninhabitable.</u>			

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

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

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

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

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

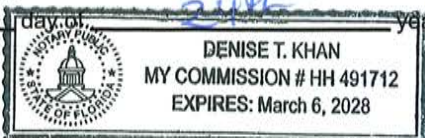
- The property was sold in an arm's length transaction.
- A substantial improvement was added to the property.
- The property lost value due to a casualty.
- Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 02/20/26 Complainant or agent [Signature] Title (if agent) _____

Sworn to and signed in my presence, this February 20th day of _____ year 2026

Notary [Signature]
Signature



3402
25-34

Tax year 2026 BOR no. _____
County Harrison Date received Mar 31 2026

DTE 1
Rev. 08/21

RECEIVED
HARRISON COUNTY

Complaint Against the Valuation of Real Property

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

MAR 31 2026

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.

CLINT A. BARR

AUDITOR	Name	Street address, City, State, ZIP code	
1. Owner of property	John F. Hawthorne	997 E. Market St 43907	
2. Complainant if not owner	Do NOT own MH		
3. Complainant's agent			
4. Telephone number of contact person	740 942 8141		
5. Email address of complainant			
6. Complainant's relationship to property, if not owner	Own property but NOT M.H.		
If more than one parcel is included, see "Multiple Parcels" on back.			
7. Parcel numbers from tax bill	Address of property		
05-0201			
8. Principal use of property			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
10. The requested change in value is justified for the following reasons:			
owned property but NOT M.H. Removed several years ago. Requesting bill and M.H removed from my name			

- 11. Was property sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ _____ ; and attach information explained in "Instructions for Line 11" on back.
- 12. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
- 13. If any improvements were completed in the last three years, show date _____ and total cost \$ _____.
- 14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
- 15. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
 - The property was sold in an arm's length transaction.
 - The property lost value due to a casualty.
 - A substantial improvement was added to the property.
 - Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 3/31/2026 Complainant or agent John F. Hawthorne Title (if agent) _____

Sworn to and signed in my presence, this _____ day of March year 2026

Notary Dean L Arnold
Signature



Notary Public
State of Ohio
My Comm. Expires
December 15, 2026

RECEIVED
HARRISON COUNTY
MAR 31 2026
CLINT A. BARR
AUDITOR

Tax year TY25 2005 BOR no. 4101-BL DTE TM

RECEIVED 35
 HARRISON COUNTY 02/19
 MAR 31 2026

County Date received 25-35

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

Answer all questions and type or print all information. Read instructions on back before completing form.
 Attach additional pages if necessary. Original complaint Counter complaint
 Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1. Owner of home	Nikki Richardson	78775 Lamborn rd. Cadiz Oh 43907	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number of contact person 740 310-7613			
5. Email address of complainant nikki2754@frontier.com			
6. Complainant's relationship to home, if not owner			
If more than one home is included, see "Multiple Homes" on back.			
7. Registration number from tax bill		Address of home	
25-0035		78385 Lamborn rd. Cadiz, oh 43907	
8. Principal use of home residence			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Registration Number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
	0	0	0
10. The requested change in value is justified for the following reasons: Mobile home was torn down.			

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.

- The home lost value due to a casualty.
- Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 09/25/2026 Complainant or agent [Signature] Title (if agent) _____

Sworn to and signed in my presence, this 25 day of March year 2026

[Signature]
Signature



LEANN M HOPKINS
Notary Public
State of Ohio
Notary 3/21/27

Instructions for Completing DTE 1M

DTE 1M Rev. 02/19

FILING DEADLINE: A COMPLAINT FOR THE CURRENT TAX YEAR MUST BE RECEIVED BY THE COUNTY AUDITOR ON OR BEFORE MARCH 31 OF THE FOLLOWING TAX YEAR OR THE LAST DAY TO PAY FIRST-HALF TAXES WITHOUT A PENALTY, WHICHEVER DATE IS LATER. A COUNTER-COMPLAINT MUST BE FILED WITHIN 30 DAYS AFTER RECEIPT OF NOTICE FROM THE AUDITOR THAT AN ORIGINAL COMPLAINT HAS BEEN FILED.

Who May File: Any person owning taxable real property in the county, the board of county commissioners, the county prosecutor, the county treasurer, the board of township trustees of any township with territory in the county, the board of education of any school district with territory in the county, or the mayor or legislative authority of any municipal corporation with territory in the county may file a complaint. See R.C. 5715.19 for additional information.

Tender Pay: If the owner of a home files a complaint against the valuation of that home, then, while such complaint is pending, the owner is entitled to tender to the county treasurer an amount of taxes based on the valuation claim for such home in the complaint. **Note:** If the amount tendered is less than the amount finally determined, interest will be charged on the difference. In addition, if the amount finally determined equals or exceeds the amount originally billed, a penalty will be charged on the difference between the amount tendered and the final amount.

Multiple Homes: Only homes that (1) are in the same taxing district and (2) have identical ownership may be included in one complaint. Otherwise, separate complaints **must** be used. The increase or decrease in valuation must be separately stated for each home. If more than three homes are included in one complaint, use additional sheets of paper.

General Instructions: The Board of Revision may increase or decrease the total value of any home included in a complaint. The board will notify all parties not less than 10 days prior to the hearing of the time and place the complaint will be heard. The complainant should submit any documents supporting the claimed valuation to the board prior to the hearing. The board may also require the complainant and/ or owner to provide the board additional information with the complaint and may request additional information at the hearing, including purchase and lease agreements, closing statements, appraisal reports and cost

of improvements added to the home (e.g. skirting and awnings) for the property.

Ohio Revised Code section 5715.19(G) provides that a "complainant shall provide to the board of revision all information or evidence within the complainant's knowledge or possession that affects the real property" in question. Evidence or information that is not presented to the board cannot later be presented on any appeal, unless good cause is shown for the failure to present such evidence or information to the board.

Instructions for Line 9. In Column A enter the complainant's opinion of the full market value of the parcel before the application of the 35% percent listing percentage. In Column B enter the current full market value of the parcel. This will be equal to the total taxable value as it appears on the tax bill divided by 0.35. Enter the difference between Column B and Column A in Column C.

Instructions for Line 11. If property was sold in the last three years, attach the purchase agreement, escrow statement, closing statement or other evidence available. If the buyer and seller were or are related or had any common business interests, attach an explanation. If any other items were included in the sale of the real estate, attach a description of those items. Show the value of those items and explain how the values were determined.

Notice: If the county auditor is in possession of an email address for you, the auditor may choose to send any notices the auditor is required to send regarding this complaint by email and regular mail instead of by certified mail.

Tax year 2025 BOR no. 3402
25-36
 County Harrison Date received Postmark Mar 31, 2026

DTE 1
Rev. 12/22

RECEIVED
 HARRISON COUNTY
Complaint Against the Valuation of Real Property

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

Attach additional pages if necessary.

APR 02 2026 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.

CLINT A. BARR
 AUDITOR

AUDITOR	Name	Street address, City, State, ZIP code
1. Owner of property	456 Trust	368 N. Ohio St. Cadiz Ohio 43907
2. Complainant if not owner	—	—
3. Complainant's agent	—	—

4. Telephone number and email address of contact person
 614 974-3471 Mike Gardner 9360 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
05-000-1826-003	368 N. Ohio St. Cadiz Ohio 43907

7. Principal use of property Rental / Sole

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

Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
05-000-1826-003	0.00	0.00	0.00

9. The requested change in value is justified for the following reasons:
 The City's inability to ~~maintain~~ maintain its SEWAGE Requirements by Form 10/15 years
 The city's SEWAGE has OVER-Flows on to my property creating Health Hazards
 Preventing me from Renting / Selling or living on the property

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

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

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

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

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

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

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

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

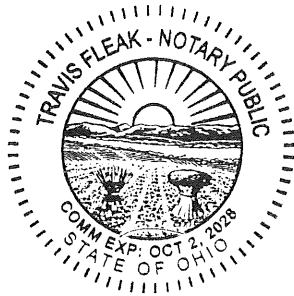
I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 3/26/2026 Complainant or agent (printed) Ralph Gardner Title (if agent) Owner

Complainant or agent (signature) [Signature]

Sworn to and signed in my presence, this 26th day of MARCH 2026
(Date) (Month) (Year)

Notary [Signature]
FRANKLIN COUNTY
OHIO



Tax year 2025 BOR no. 3402 25-37 DTE 1 Rev. 12/22

County Harrison Date received Postmark Mar 31, 2026

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

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

APR 02 2026

CLINT A. BARR		Name		Street address, City, State, ZIP code	
1. Owner of property		456 Trust		368 N Ohio Street 43907	
2. Complainant if not owner		/		/	
3. Complainant's agent		/		/	
4. Telephone number and email address of contact person					
1014 974-3471 Mike Gardner 9360 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		
05-000 1826 003			368 North Ohio Street Cdz 43907		
7. Principal use of property Residential					
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.					
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value		
05 000 1826-003	0.00	0.00	0.00		
9. The requested change in value is justified for the following reasons: The City's inability to maintain its Sewage systems, has made the property a health hazard and not livable					

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

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

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

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

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

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

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

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

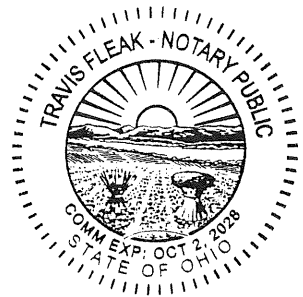
I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 3 26 26 Complainant or agent (printed) Ralph Gardner Title (if agent) OWNER

Complainant or agent (signature) [Signature]

Sworn to and signed in my presence, this 26TH day of MARCH 2026

Notary [Signature] FRAWKIN COUNTY
OHIO



34-02

Tax year 2025 BOR no. 25-38
 County Harrison Date received 3-25-26

Complaint Against the Assessment of Real Property Other than Market Value

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

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

	Name	Street address, City, State, ZIP code	
1) Owner of property	MWCD	139 Third St NW New Phila	
2) Complainant if not owner	Denise Santille, Deputy Auditor	100 W Market St Cadiz	
3) Complainant's agent			
4) Telephone number of contact person			
5) Email address of complainant	dsantille@harrisoncountyohio.gov		
6) Complainant's relationship to property, if not owner	Harrison County Auditor's Office		
If more than one parcel number is included, see "Multiple Parcels" on back			
7) Parcel number from tax bill	# Acres, if applicable	Address of property	
29-0000167.000 et al			
Please see attached			
8) Indicate the reason for this complaint:			
<input type="checkbox"/> The classification of property under RC 5713.041. <input type="checkbox"/> The classification of property under RC 319.302. <input type="checkbox"/> The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35. <input checked="" type="checkbox"/> The valuation of property on the agricultural land tax list. <input type="checkbox"/> Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4). <input type="checkbox"/> Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351. <input type="checkbox"/> The denial of the partial exemption of a qualifying child care center under RC 323.16.			
9) If the complaint is seeking a change in the value of the property, complete line 9. Complainants appealing other issues do not need to complete this line.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value

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

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

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

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

Date _____ Complainant or agent _____ Signature _____ Title (if agent) _____

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

Notary _____ Signature _____



Clint A. Barr

25-38

Harrison County Auditor
100 West Market St. | Cadiz, Ohio 43907
Phone: 740-942-8861 | Fax: 740-942-8860

March 25, 2026

Attention: Harrison County Board of Revision

RE: Muskingum Watershed Conservancy District (MWCD)
1319 Third St NW
New Phila OH 44663

In 2022, research on MWCD parcels that were listed as tax exempt was completed by prior Auditor, Allison Anderson, Administrator, Denise Santille and Mark Swiger, Land Administrator of MWCD. At that time, we found nine parcels without historical documentation to support their existence, and those parcels were then deleted, based upon mutual agreement of all parties.

In 2025, Rome Marinelli started returning the MWCD CAUV applications and we discussed the following parcels, which he believes were combined at some point and no longer exist.

29-0000167.000 22A R6T12S1 NW

29-0000169.000 4A R6T12S2 SE NE

29-0000173.000 14A R6T12S15 NWSW

29-0000174.000 61A R6T12S15SE

29-0000179.000 12.5A R6T12S21 (COTTAGE SITES)

29-0000180.000 7A R6T12S21 (COTTAGE SITES)

Neither MWCD or Harrison County has found recorded documentation or surveys which prove the existence of these six parcels. Based upon past practice and upon mutual agreement, I request these six parcels be removed from the CAUV program, no recoupment fees be assessed and the parcels be deleted for tax year 2026.

Thank you.

Handwritten signature of Denise M. Santille in blue ink.
Denise Santille
Deputy Auditor
Harrison County Auditor

Tax year 2025 BOR no. 3402
 County Harrison Date received 25-39
DTE 1M
Rev. 02/19

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

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

Attach additional pages if necessary.

Original complaint Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1. Owner of home	Ronaldt Sandra Vint		
2. Complainant if not owner	Harrison Co Auditor		
3. Complainant's agent			
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	
24-0046		North St Jewett Village	
8. Principal use of home			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Registration Number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
7900537617	0	0	
10. The requested change in value is justified for the following reasons: MH title surrendered in 2018, MH removed from parcel in 2018 - Need to delete tax card, uncollectible			

11. Was home sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ _____ ; and attach information explained in "Instructions for Line 11" on back.
12. If home was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
13. If any improvements were completed in the last three years, show date _____ and total cost \$ _____.
14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
15. If you have filed a prior complaint on this home since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
- The home was sold in an arm's length transaction. The home lost value due to a casualty.
- A substantial improvement was added to the home. Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date 3-31-2026 Complainant or agent Denise M Santille Title (if agent) _____
Signature

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

Notary _____
Signature

Tax year 2025 BOR no. 3402
25-40
 County Harrison Date received 3-31-2026

DTE 1M
 Rev. 02/19

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

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

Attach additional pages if necessary.
 Original complaint Counter complaint
 Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code
1. Owner of home	<u>Charles & Mildred Wolfe</u>	
2. Complainant if not owner	<u>Harrison Co Auditor</u>	
3. Complainant's agent		
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
<u>11-0059</u>	<u>45891 Annapolis Rd</u>

8. Principal use of home _____

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

Registration Number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>3401245010</u>	<u>0</u>	<u>0</u>	

10. The requested change in value is justified for the following reasons: We believe the listed owners are deceased. Home was removed between 2019 + 2021. Land was transferred in 2021. - Need to delete tax card, uncollectible.

11. Was home sold within the last three years? Yes No Unknown If yes, show date of sale _____ and sale price \$ _____ ; and attach information explained in "Instructions for Line 11" on back.
12. If home was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.
13. If any improvements were completed in the last three years, show date _____ and total cost \$ _____.
14. Do you intend to present the testimony or report of a professional appraiser? Yes No Unknown
15. If you have filed a prior complaint on this home since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.
- The home was sold in an arm's length transaction. The home lost value due to a casualty.
- A substantial improvement was added to the home. Occupancy change of at least 15% had a substantial economic impact on my property.

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

Date _____ Complainant or agent Denise M Lambille Signature _____ Title (if agent) _____

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

Notary _____ Signature _____