

Tax year 2022 BOR no. 2022-1
County Holmes Date received _____

DTE 1
Rev. 08/21

Complaint Against the Valuation of Real Property

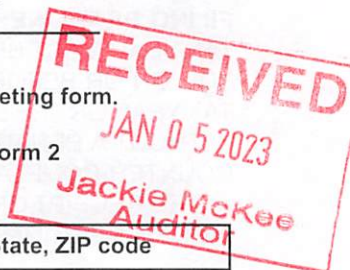
Answer all questions and type or print all information. Read instructions on back before completing form.

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>Douglas Earl Schmucker</u>		
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number of contact person	<u>330-231-8834</u>		
5. Email address of complainant	<u>dschmucker50@yahoo.com</u>		
6. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" on back.			
7. Parcel numbers from tax bill	Address of property		
<u>06-00575-006</u>	<u>TR 317 4 lot</u>		
<u>06-00576-006</u>	<u>7495 TR317 5 Lot</u>		
<u>06-01217-000</u>	<u>TR317</u>		
8. Principal use of property			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>06-00575-000</u>	<u>420</u>	<u>890</u>	<u>-470</u>
<u>06-00576-000</u>	<u>193,810</u>	<u>248,500</u>	<u>-54,690</u>
<u>06-01217-000</u>	<u>2,850</u>	<u>5,330</u>	<u>-2480</u>
10. The requested change in value is justified for the following reasons: <u>House + property not worth the appraisal</u> <u>House needs new deck old rotted, Roof Leaks, Needs new flooring in House</u> <u>House has 27 woodpecker Holes need sided, Having problems with water well</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 1/3/23 Complainant or agent [Signature] Title (if agent) _____

Sworn to and signed in my presence, this January year 2023

Notary Sherry Miller Signature _____
Notary Public, State of Ohio
My Commission Expires 11-16-25



RECEIVED

JAN 05 2023

Jackie McKee
Auditor

Tax year 2022

BOR no. 2082-2

DTE 1
Rev. 08/21

County HOLMES

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	
MIKE KICK JR		MAKJR HOUSING & RENTALS LLC	
1. Owner of property			
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number of contact person		419-545-2733 MIKE KICK JR	
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	
23 00 739 001		13216	
23 00 739 000		13210 S.R 226 BIG PRAIRIE	
23 00 740 000			
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
	40,000	159,490 ⁰⁰	
10. The requested change in value is justified for the following reasons: Depressed Area			

11. Was property sold within the last three years? ☒ Yes ☐ No ☐ Unknown If yes, show date of sale _____ and sale price \$ 40,000 ; 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 12-12-2022 Complainant or agent [Signature] Title (if agent) _____

Sworn to and signed in my presence, this _____ day of December year 2022

Notary [Signature] Signature _____ Expires May 10, 2024

11-21-2021

RECEIVED
JAN 05 2023

Tax year 2022

BOR no. 2022-3

DTE 1
Rev. 08/21

County HOLMES

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>MAK JR HOUSING</u>		
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number of contact person	<u>419-545-2733 MIKE KICK JR</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>28 00311001</u>	<u>14058 S.R 226 Lakeville</u> <u>44638</u>		
8. Principal use of property			
9. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>28 00311001</u>	<u>15,000</u>	<u>40,500</u>	
10. The requested change in value is justified for the following reasons: <u>Depressed Area</u>			

11. Was property sold within the last three years? ☒ Yes ☐ No ☐ Unknown If yes, show date of sale _____ and sale price \$ 5,000 ; 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 12-12-2022 Complainant or agent [Signature] Title Agent

Sworn to and signed in my presence, this 12TH day of December year 2022

Notary [Signature] Signature [Signature] State of Ohio
May 10, 2024

5-20-2021

Tax year _____ BOR no. 2022-4
County _____ Date received _____

DTE 2
Rev. 12/22

Complaint Against the Assessment of Real Property Other than Market Value

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

☐ Original complaint ☐ Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1) Owner of property	<u>John and Anna Miller</u>	<u>4979 TR 305 Millersburg OH 44654</u>	
2) Complainant if not owner			
3) Complainant's agent			
4) Telephone number of contact person	<u>330-275-2643</u>		
5) Email address of complainant			
6) Complainant's relationship to property, if not owner			
If more than one parcel number is included, see "Multiple Parcels" on back			
7) Parcel number from tax bill	# Acres, if applicable	Address of property	
<u>06-00743-000</u>	<u>3.28</u>	<u>4979 TR 305 Millersburg OH 44654</u>	
<u>06-01043-005</u>	<u>6.6920</u>		
8) Indicate the reason for this complaint:			
<input type="checkbox"/> The classification of property under RC 5713.041.			
<input type="checkbox"/> The classification of property under RC 319.302.			
<input checked="" type="checkbox"/> The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35.			
<input type="checkbox"/> The valuation of property on the agricultural land tax list.			
<input type="checkbox"/> Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4).			
<input type="checkbox"/> Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351.			
<input type="checkbox"/> The denial of the partial exemption of a qualifying child care center under RC 323.16.			
9) If the complaint is seeking a change in the value of the property, complete line 9. Complainants appealing other issues do not need to complete this line.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value

RECEIVED

JAN 09 2023

Jackie McKee
Auditor

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

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

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

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

Date 1/9/23 Complainant or agent [Signature] Title (if agent) _____

Sworn to and signed in my presence, this 9th day of January year 2023

Notary [Signature]



HAYLIE HAWKINS
NOTARY PUBLIC
In and for State of Ohio
MY COMMISSION EXPIRES
June 23 2024

Tax year _____ BOR no. 2022-5
County _____ 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>Allen mast</u>	<u>9225 T.R. 652</u>	
2) Complainant if not owner		<u>Fredericksburg Ohio 44627</u>	
3) Complainant's agent			
4) Telephone number of contact person	<u>330-465-7216</u>		
5) Email address of complainant			
6) Complainant's relationship to property, if not owner			
If more than one parcel number is included, see "Multiple Parcels" on back			
7) Parcel number from tax bill	# Acres, if applicable	Address of property	
<u>24-00547-007</u>	<u>5.88</u>	<u>9225 T.R. 652</u>	
8) Indicate the reason for this complaint:			
<input type="checkbox"/> The classification of property under RC 5713.041.			
<input type="checkbox"/> The classification of property under RC 319.302.			
<input checked="" type="checkbox"/> The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35.			
<input type="checkbox"/> The valuation of property on the agricultural land tax list.			
<input type="checkbox"/> Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4).			
<input type="checkbox"/> Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351.			
<input type="checkbox"/> The denial of the partial exemption of a qualifying child care center under RC 323.16.			
9) If the complaint is seeking a change in the value of the property, complete line 9. Complainants appealing other issues do not need to complete this line.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value

10) The requested change is justified for the following reasons: I sent it in on time
to late.

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

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

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

Date 1-18-23 Complainant or agent Allen & mast Title (if agent) _____

Sworn to and signed in my presence, this 18th day of January year 2023

Notary [Signature] Signature



JODY SHAUM
Notary Public
State of Ohio
My Comm. Expires
July 10, 2026

RECEIVED

JAN 10 2023
DTE 12
Rev. 12/22

Jackie McKee
Auditor

Tax year _____ BOR no. 2022-6
County _____ 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	David Hershberger	4899 TR 351 mlg oh 44654	
2) Complainant if not owner			
3) Complainant's agent			
4) Telephone number of contact person			
5) Email address of complainant			
6) Complainant's relationship to property, if not owner			
If more than one parcel number is included, see "Multiple Parcels" on back			
7) Parcel number from tax bill	# Acres, if applicable	Address of property	
01-00566-014	0.85	01-00587.001 1.958	
01-00566-001	1.211		
01-00566-003	0.654		
01-00566-004	4.456		
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: Reinstated CAUV

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

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

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

Date 1-10-23 Complainant or agent David A. Hershberger Title (if agent) owner

Sworn to and signed in my presence, this 10th day of January year 2023

Notary Mary L. Chupp



Mary L Chupp
Notary Public, State of Ohio
My Commission Expires
March 12, 2026

Tax year _____ BOR no. 2022-7
County _____ Date received _____

DTE 2
Rev. 12/22

Complaint Against the Assessment of Real Property Other than Market Value

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

☐ Original complaint ☐ Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code	
1) Owner of property	<u>Nelson M. Troyer</u>	<u>7539 TR 524 Shreve, Ohio 48726</u>	
2) Complainant if not owner			
3) Complainant's agent			
4) Telephone number of contact person	<u>330-231-5183</u>		
5) Email address of complainant			
6) Complainant's relationship to property, if not owner			
If more than one parcel number is included, see "Multiple Parcels" on back			
7) Parcel number from tax bill	# Acres, if applicable	Address of property	
<u>23-00864-017</u>	<u>12.28</u>		
8) Indicate the reason for this complaint:			
<input type="checkbox"/> The classification of property under RC 5713.041.			
<input type="checkbox"/> The classification of property under RC 319.302.			
<input checked="" type="checkbox"/> The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35.			
<input type="checkbox"/> The valuation of property on the agricultural land tax list.			
<input type="checkbox"/> Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4).			
<input type="checkbox"/> Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351.			
<input type="checkbox"/> The denial of the partial exemption of a qualifying child care center under RC 323.16.			
9) If the complaint is seeking a change in the value of the property, complete line 9. Complainants appealing other issues do not need to complete this line.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value

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

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

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

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

Date Jan. 14-2023 Complainant or agent Nelson M. Troyer Title (if agent) Owner

Sworn to and signed in my presence, this 19 day of January year 2023

Notary Sherry Miller Signature



Sherry Miller
Notary Public, State of Ohio
My Commission Expires

11-16-25



Tax year _____ BOR no. 2022-8
County _____ Date received _____

DTE 1
Rev. 12/22

Complaint Against the Valuation of Real Property

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

Attach additional pages if necessary.

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

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

Name		Street address, City, State, ZIP code	
1. Owner of property	Leslie Daker	9490 T.R. 92 Kill Buck OH 44637	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person 386-216-9546			
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	
08-00874000		9490 T.R. 92 Kill Buck OH 44637	
7. Principal use of property FARM			
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
08-00874000	100,000	164,650	64,650
9. The requested change in value is justified for the following reasons: House UNLIVABLE used as STORAGE SHED since MARCH 2022			

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

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

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

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

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

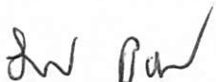
- ☐ The property was sold in an arm's length transaction. ☐ The property lost value due to a casualty.
- ☐ A substantial improvement was added to the property. ☐ Occupancy change of at least 15% had a substantial economic impact on my property.

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

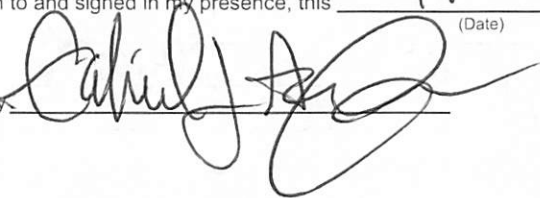
- ☐ The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

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

Date 1/19/23 Complainant or agent (printed) Leslie Barker Title (if agent) _____

Complainant or agent (signature) 

Sworn to and signed in my presence, this 19th day of January 2023
(Date) (Month) (Year)

Notary 



GABRIEL JAUFANCE
Notary Public, State of Ohio
My Comm. Expires Aug. 21, 2026

Clear Form

RECEIVED

Tax year 2022

BOR no.

2022-9DTE 1
Rev. 12/22County Holmes

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	Shayne and Autumn Glass	5778 Township Road 276	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person 330-763-4160 shayne.glass@cpa.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		
14-00426-009	5778 Township Road 276, Millersburg, OH 44654		
7. Principal use of property <u>personal residence</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
14-00426-009	\$372,500	\$391,270	(\$18,770)
9. The requested change in value is justified for the following reasons: I suggest a value of \$372,500 as the average value conducted by two separate appraisers. I had two appraisals done for the lender. One prior to construction and one after construction. I purchased the lot for \$34,000. There was a lot for sale three parcels down from us sold for \$38,000. The land itself is showing a value of \$50,270. The land itself is overvalued by at least \$10,000.			

10. Was property sold within the last three years? ☒ Yes ☐ No ☐ Unknown If yes, show date of sale 11/06/2020 (new build)
and sale price \$ 34,000.00 (land); and attach information explained in "Instructions for Line 10" on back.

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

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

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

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

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

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

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

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

Date 1-12-23 Complainant or agent (printed) Shayne Glass Title (if agent) _____

Complainant or agent (signature) _____

Sworn to and signed in my presence, this 1-12-23 day of January 2023
(Date) (Month) (Year)

Notary Ruth A Deal



RUTH A. DEAL
NOTARY PUBLIC
FOR THE
STATE OF OHIO
My Commission Expires
November 29, 2023

Tax year _____ BOR no. 2022-10DTE 1
Rev. 12/22

County _____ Date received _____

Complaint Against the Valuation of Real Property

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

Attach additional pages if necessary.

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>Thomas M. Richards</u>	<u>Po Box 394 Killbuck OH</u>	<u>44637</u>
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person <u>330-763-3677</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>875 N Main Killbuck OH</u>	
7. Principal use of property <u>Rental</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>09-00041-000</u>	<u>40 000</u>	<u>87510</u>	<u>47510</u>
9. The requested change in value is justified for the following reasons: <u>pd 25000⁰⁰ Your Ext is inflated</u>			

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

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

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

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

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

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

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

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

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

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

Date 1-20-23 Complainant or agent (printed) Tom Richards Title (if agent) Owner

Complainant or agent (signature) Tom Richards

Sworn to and signed in my presence, this 20th day of January 2023
(Date) (Month) (Year)

Notary



Patricia A Downey
Notary Public
State of Ohio
My Commission Expires
4-11-23



Tax year 2022BOR no. 2022-11DTE 1
Rev. 12/22County HolmesDate received 1/17/2022**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>Clyde & Rita Miller</u>	<u>8608 C.R. 245</u>	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person <u>330-279-2752</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>17- 00301-000</u>	<u>8608 C.R. 245 Holmesville, Ohio 44633</u>		
7. Principal use of property <u>Single - Family Dwelling</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>17- 00301-000</u>	<u>\$140,000.00</u>	<u>\$164,374.00</u>	<u>\$24,500.00</u>
9. The requested change in value is justified for the following reasons: <u>1. Lost 12 Trees in 6-14-2022</u> <u>2. Appraise at \$133,400.00 2021, And went to \$164,374.00 in 2022 went too high</u> <u>3. ARE total cost of ARE property \$84,500.00 it went up to \$164,374.00 we think too high</u>			

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

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

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

12. If any improvements were completed in the last three years, show date none and total cost \$ _____13. Do you intend to present the testimony or report of a professional appraiser? ☐ Yes ☒ No ☐ Unknown**RECEIVED**

JAN 24 2023

JACKIE McKee
Auditor

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

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

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

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

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

Date 1-24-2023 Complainant or agent (printed) Clyde D. Miller Title (if agent) _____

Complainant or agent (signature) Clyde D. Miller

Sworn to and signed in my presence, this 24th day of January 2023
(Date) (Month) (Year)

Notary Ian Stermer



Tax year _____ BOR no. 2022-12
County _____ Date received _____

DTE 1
Rev. 12/22

Complaint Against the Valuation of Real Property

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

Attach additional pages if necessary.

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

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

Name		Street address, City, State, ZIP code	
1. Owner of property	Holmes Woodland Inc	3234 T.R. 29 Glenmont, Oh	44628
2. Complainant if not owner		9140 Co Rd 329 Holmesville, Oh.	
3. Complainant's agent			44633
4. Telephone number and email address of contact person Levi A. Miller - Pres 330-763 0383			
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	
21-00277-000		3234 T.R. 29 Glenmont, Oh. 44628	
7. Principal use of property Commercial Timber			
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
21-00277-000	\$ 0.00	Buildings on	41.500
	all buildings	tax Bill	all Buildings
		41.500	
9. The requested change in value is justified for the following reasons: very Bad Shape House + trailer NOT liveable (junk) NO USE			

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. Not listed or For Sale

12. If any improvements were completed in the last three years, show date None and total cost \$ _____

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



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

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

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

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

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

Date 1-24-23 Complainant or agent (printed) Levi A. Miller Title (if agent) Pres.

Complainant or agent (signature) *Levi A. Miller*

Sworn to and signed in my presence, this 1-24-23 day of January 2023
(Date) (Month) (Year)

Notary *Tiffany D Stefano*



Tiffany D Stefano
Notary Public, State of Ohio
My Commission Expires
May 17, 2025

RECEIVED

JAN 24 2023

DTE 1
Rev. 12/22Jackie McKee
AuditorTax year 2022 BOR no. 2002-13
County Holmes Date received 1-18-23**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	Duane + Naomi Miller	6561 TR 351 Millersburg OH 44651	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person	Naomi Miller 330-275-4625 skyline ranch 351@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		
01-00293-006	6561 TR 351 Millersburg OH 44651		
7. Principal use of property	Living space / Business / CauV		
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
01-00293-006	1,750,000	2024,850	274,850
9. The requested change in value is justified for the following reasons:			

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

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

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

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

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

☐ The property was sold in an arm's length transaction.

☒ The property lost value due to a casualty.

☐ A substantial improvement was added to the property.


☒ Occupancy change of at least 15% had a substantial economic impact on my property.

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

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

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

Date 1-24-23 Complainant or agent (printed) Duane Miller Title (if agent) owner

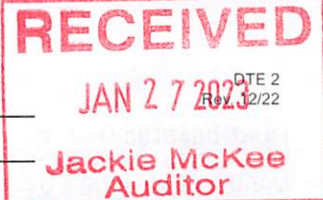
Complainant or agent (signature) 

Sworn to and signed in my presence, this 1/24/23 day of January 2023
(Date) (Month) (Year)

Notary 



Tax year _____ BOR no. 2022-14
County _____ 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>Clarence Schmalzer</u>	<u>6225 TR 325 M86 OH 44624</u>	
2) Complainant if not owner			
3) Complainant's agent	<u>330-231-8782</u>		
4) Telephone number of contact person			
5) Email address of complainant			
6) Complainant's relationship to property, if not owner			
If more than one parcel number is included, see "Multiple Parcels" on back			
7) Parcel number from tax bill	# Acres, if applicable	Address of property	
<u>06-00704-000</u>			
8) Indicate the reason for this complaint:			
<input type="checkbox"/> The classification of property under RC 5713.041.			
<input type="checkbox"/> The classification of property under RC 319.302.			
<input type="checkbox"/> The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35.			
<input type="checkbox"/> The valuation of property on the agricultural land tax list.			
<input type="checkbox"/> Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4).			
<input checked="" type="checkbox"/> Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351.			
<input type="checkbox"/> The denial of the partial exemption of a qualifying child care center under RC 323.16.			
9) If the complaint is seeking a change in the value of the property, complete line 9. Complainants appealing other issues do not need to complete this line.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value

10) The requested change is justified for the following reasons: Reinstate CAUV
Will have Plans By February or March

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

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

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

Date 1-27-23 Complainant or agent [Signature] Signature Title (if agent) Owner

Sworn to and signed in my presence, this 27 day of January year 2023

Notary [Signature] Signature



ROBYN L. HARFORD
Notary Public, State of Ohio

My Commission Expires 1-30-2026

Tax year _____ BOR no. 2022-15 DTE 1
County _____ Date received _____ Rev. 12/22

Complaint Against the Valuation of Real Property

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

Attach additional pages if necessary.

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

☐ Original complaint ☐ Counter complaint

Notices will be sent only to those named below.

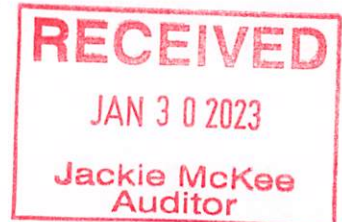
	Name	Street address, City, State, ZIP code	
1. Owner of property	<u>Mast Rentals LLC</u>	<u>5667 SR 241, Milledburg, Oh 44654</u>	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person <u>330-763-4917 timmy.mast@gmail.com</u>			
5. Complainant's 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>07-00523-000</u>			
7. Principal use of property <u>Residential living Quarters</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>07-00523-000</u>	<u>\$125,000.00</u>	<u>157,730.00</u>	<u>- 32,730.00</u>
9. The requested change in value is justified for the following reasons: <u>This is a modular home (not a stick frame). I feel it is overvalued due to quality of construction (modular) compared to valuations of neighborhood stick frame properties</u>			

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

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

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

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



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

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

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

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

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

Date 1/30/23 Complainant or agent (printed) Tim Mart Title (if agent) Owner

Complainant or agent (signature) [Signature]

Sworn to and signed in my presence, this 30 day of January 2023
(Date) (Month) (Year)

Notary [Signature]



Tiffany D Stefano
Notary Public, State of Ohio
My Commission Expires
May 17, 2025