| | A A A A A A A A A A A A A A A A A A A | lame | nter complaint named below. | |
|---|---|-----------------------|---------------------------------------|--|
| 1. Owner of property | Charles. | | Street address, City, State, ZIP code | |
| 2. Complainant if not own | | , TOPEMS | HIS BURDEL DR. W. Im. M. S | |
| 3. Complainant's agent | | | | |
| 937-5. | email address of contact pers 28 - 9695 ship to property, if not owner | j Hop- | 64 Dhat mail, ce | |
| | | s included, see "Mul | tiple Parcels" Instruction | L |
| 6. Parcel numbers from ta 290 - 230 | ax bill 709014600 | 415,3ur | Address of propert | n inston the |
| | y <u>permanyy</u> <u>Ca</u> se in market value sought. Cou Column A Complainant's Opinio | nter-complaints suppo | Column B Current Value | ave -0- in Column C. Column C Change in Valu |
| | (Eull Market)/a | | (Full Market Value) | |
| 290 - 23070901460 | (Full Market Va | | 10,500 | -4,200 |
| 290 - <u>入307090/#60</u> 9. The requested change i | | wing reasons: | | - 4,200 |

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.

3 - 22 - 2024 Complainant or agent (printed) ______ Charles J. / fopling itle (if agent) Date

Complainant or agent (signature)

Sworn to and signed in my presence, this

Notary



day of

Rev. 12/22

* MELISSA S. KIMBALL Notary Public, State of Ohio My Commission Expires