



1. Parcel number(s): a) \_\_\_\_\_  
 (If more than 4, continue on an attached sheet.) **All parcels must be in the same school district.** b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_
2. School district where located: \_\_\_\_\_
3. Street address or location of property: \_\_\_\_\_
4. a) Title to this property is in the name of: \_\_\_\_\_  
 b) Address of owner: \_\_\_\_\_
5. Date title was acquired \_\_\_\_\_
6. If title holder is different from the applicant, please explain: \_\_\_\_\_
7. Under what section of the Revised Code is exemption sought?  
 §725.02       §1728.10       §5709.40(B)       §5709.40(C)       §5709.41  
 §5709.62       §5709.63       §5709.71       §5709.73(B)       §5709.73(C)  
 §5709.78(A)       §5709.78(B)       §5709.88  
 Other incentive program, specify R.C. section § \_\_\_\_\_
8. Explain terms and details of incentive (real property included, percentage exempted, number of years, etc.).
9. a) Attach a copy of the resolution or ordinance of the subdivision granting the incentive and/or the applicant's incentive agreement with the subdivision.  
 b) Attach proof of school district approval (if required).
10. If this application requests exemption under a Tax Increment Financing provision (see special instructions), please indicate whether the application is being filed:  
 by the property owner       by the political subdivision without owner consent  
 by the political subdivision with owner consent (attach copies of DTE Form 24P).

I declare under penalty of perjury that I have examined this application and, to the best of my knowledge and belief, it is true, correct, and complete.

Applicant or Representative: \_\_\_\_\_

signature

print name and title

address

city

state

Zip

telephone number

date

**County Auditor's Finding**

		Land	Building	Total
Taxable Value in Year of Application	(Tax Year)			
Taxable Value in Prior Year	(Tax Year)			

**This application covers property that is (check all that apply):**

- Currently exempt\*                     
  New Construction on previously                     
  Currently on CAUV  
 Previously exempt                     
 exempted parcel                     
  Previously on CAUV

**Auditor's Recommendation:**                     
 Grant                     
 Partial Grant                     
 Deny                     
 None

**Comments:**

\_\_\_\_\_  
 County Auditor (signature)

\_\_\_\_\_  
 date

Forward two (2) copies of the completed application to the Ohio Department of Taxation, Equalization Division, P.O. Box 530, Columbus OH 43216-0530.

\*If the property or any portion of the property is currently exempt, please indicate the type of exemption, the portion of property exempted, and the tax years to which the current exemption applies.

**Treasurer's Certificate**

*If the Treasurer's Certificate is not properly filled out and signed, the tax commissioner will have **no jurisdiction** to act on the application, and **it will be subject to dismissal**.*

**(Notice to treasurer:** The first paragraph of this certificate must always be complete.)

As of the date below, I hereby certify that all **TAXES, SPECIAL ASSESSMENTS, PENALTIES AND INTEREST** levied and assessed against the above described property have been paid in full to and including the tax year \_\_\_\_\_ and that the most recent year for which taxes and special assessments have been charged is tax year \_\_\_\_\_ .

I further certify that, as of the date below, the only **UNPAID TAXES, SPECIAL ASSESSMENTS, PENALTIES AND INTEREST** which have been charged against this property are as follows:

Parcel Number	Tax Year	Taxes (including penalties and interest)	Special Assessments (including penalties and interest)

***If additional years are unpaid, please list on an attached sheet.***

Have Tax Certificates been sold under R.C. 5721.32 or 5721.33 for any of the property subject to this application?

yes       no

Are any unpaid taxes listed on this certificate subject to a valid delinquent tax contract under R.C. 323.31(A)? If unpaid taxes are subject to a valid delinquent tax contract, please indicate which tax years' charges are included in the contract.

yes       no

If yes, list tax years: \_\_\_\_\_

**Comments:**

County Treasurer (signature)

Date