

TAX INCENTIVE PROGRAM
APPLICATION FOR REAL PROPERTY TAX
EXEMPTION AND REMISSION

_____ COUNTY NAME

Date Received by County Auditor

Date Received by DTE

OFFICE USE ONLY

County Application Number

DTE Application Number

Submit three copies of this application to the County auditor's office in the county where the property is located. The deadline for filing is December 31 of the year for which exemption is sought. If you need more room, attach additional sheets to explain the details. PLEASE TYPE OR PRINT CLEARLY.

Applicant Name: _____
Name
Notices concerning this application should be sent to: _____
Name (If different than Applicant)

Address

City State Zip Phone Number

Application is hereby made to have the following property placed on the tax-exempt list for tax year _____, and to have the taxes and penalties remitted for these preceding tax years: _____.

1. Parcel Number(s): a) _____
(If more than 4, continue on an attached sheet.) b) _____
All parcels must be c) _____
in the same School d) _____
District.
2. School district where located: _____
3. Street address or location of property: _____

4. Title to this property is in the name of: _____
5. Date title was acquired: _____
6. If title holder is different from applicant please explain. _____

(continued on page two)

7. Under what section of the Revised Code is exemption sought?

___ 725.02 ___ 1728.10 ___ 5709.40 ___ 5709.41 ___ 5709.62 ___ 5709.63 ___ 5709.71
___ 5709.73 ___ 5709.78 ___ 5709.87 ___ Other Incentive Program, Specify Code _____

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 a copy of school district approval (if required).

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

Date

Print Name & Title

COUNTY AUDITOR'S FINDING

	<u>LAND</u>	<u>BUILDING</u>	<u>TOTAL</u>
Taxable Value in Year of Application _____ (Year)	\$	\$	\$
Taxable Value in Prior Year _____ (Year)	\$	\$	\$

COMMENTS:

County Auditor (Signature)

Date

Forward two (2) copies of the completed application to the Ohio Department of Taxation, Tax Equalization Division, P.O. Box 530, Columbus, OH 43266-0030.

TREASURER'S CERTIFICATE

I hereby certify that ALL TAXES, SPECIAL ASSESSNMNTS, PENALTIES AND INTEREST levied and assessed against the above described property have been paid in full to and including the tax year

County Treasurer (Signature)

Date