

AFFIDAVIT REQUESTING REMOVAL
FROM GENERAL TAX LIST PER O.R.C. 319.28 (B)(1)

STATE OF OHIO)
) SS:
COUNTY OF MIAMI)

_____, being first duly sworn, says that they have personal
(Print First and Last Name)
knowledge of all of the facts contained in this affidavit and that they are competent to testify to the
matters stated herein. Affiant further state as follows:

1. I am , or my spouse is , currently employed by:
_____ as one of the following:

- | | | |
|-----------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Asst. Prosecuting Attorney | <input type="checkbox"/> Federal Law Enforcement Officer | <input type="checkbox"/> Peace Officer |
| <input type="checkbox"/> Bailiff | <input type="checkbox"/> Firefighter | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> BCI Investigator | <input type="checkbox"/> Forensic Mental Health Provider | <input type="checkbox"/> Protective Services Worker |
| <input type="checkbox"/> Correctional Employee | <input type="checkbox"/> Judge | <input type="checkbox"/> Regional Psychiatric Hospital Employee |
| <input type="checkbox"/> Board of Pharmacy Employee | <input type="checkbox"/> Magistrate | <input type="checkbox"/> Corrections Officer |
| <input type="checkbox"/> Prosecuting Attorney | <input type="checkbox"/> Youth Services Employee | <input type="checkbox"/> Ohio National Guard Member |
| <input type="checkbox"/> EMS Medical Director | <input type="checkbox"/> Mental Health Evaluation Provider | <input type="checkbox"/> Emergency Service Tele-communicator |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Parole Officer | <input type="checkbox"/> Correctional Facility Employee |

2. I hereby request, pursuant to Ohio Revised Code Section 319.28(B)(1) that the Miami County Auditor remove my name as property owner from the general tax list of real and public utility property, and replace it with my initials, for the property known as:

(Street Address, City, State, Zip Code)
Tax District/Parcel # _____.

3. I understand that my name, _____, as shown on the deed will be replaced by my initials, as authorized by law, to _____, to indicate ownership of the above listed property.

Further, affiant sayeth naught.

Signature _____
Title _____

| |
|------------------------|
| OFFICE USE ONLY |
| Received: _____ |
| Entered: _____ |

Sworn to before me and subscriber in my presence
this ___ day of _____, 20__.
Notary Public _____
My Commission Expires _____