Tax year C BOR no. A

County D Date received B

DTE 2
Rev. 02/19

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.

E ☐ Original complaint ☐ Counter complaint

Notices will be sent only to those named below.

	Name	Street address, City, State, ZIP code
1) Owner of property	G	
2) Complainant if not owner	H	
3) Complainant's agent	I	
4) Telephone number of contact person	J	
5) Email address of complainant	K	
6) Complainant's relationship to property, if not owner	L	

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
M	N	O

8) Indicate the reason for this complaint:

☐ The classification of property under RC 5713.041. P

☐ The classification of property under RC 319.302.

☐ The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35.

☐ The valuation of property on the agricultural land tax list.

☐ Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4).

☐ Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351.

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
Q	R	S	T

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

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 _____ Complainant or agent _____ (Signature) Title (if agent) _____

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

Notary _____ (Signature)