

Tax year 2025

BOR no. \_\_\_\_\_

DTE 1  
Rev. 12/22County Lorain

Date received \_\_\_\_\_

**Complaint Against the Valuation of Real Property**

Answer all questions and type or print all information. Read instructions on back before completing form.

Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use DTE 1.

☐ Original complaint ☐ Counter complaint

Notices will be sent only to those named below.

EXHIBIT

A

	Name	Street address, City, State, ZIP code	
1. Owner of property	<u>Teery and Sylvia Varga</u>	<u>4068 Franhae, Sheffield Lake, OH 44054</u>	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person <u>440 949-7949</u> <u>slivvavarga@yahoo.com</u>			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property	
<u>03-00-042-111-044</u>		<u>4068 Franhae Ave. Sheffield Lake, OH 44054</u>	
7. Principal use of property <u>Residence</u>			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>03-00-042-111-044</u>	<u>\$95,000</u>	<u>\$120,240</u>	<u>\$25,240</u>
9. The requested change in value is justified for the following reasons: <u>"house is outdated"</u> <u>- in need of major repairs</u>			

10. Was property sold within the last three years? ☐ Yes ☒ No ☐ Unknown If yes, show date of sale \_\_\_\_\_

and sale price \$ \_\_\_\_\_ ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date \_\_\_\_\_ and total cost \$ \_\_\_\_\_.

13. Do you intend to present the testimony or report of a professional appraiser? ☒ Yes ☐ No ☐ Unknown



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.

- |  |   |
|--|---|
| <input type="checkbox"/> The property was sold in an arm's length transaction. | <input type="checkbox"/> The property lost value due to a casualty.   |
| <input type="checkbox"/> A substantial improvement was added to the property.  | <input type="checkbox"/> 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.

Date 2/18/25 Complainant or agent (printed) Gerry and Sylvia Varga Title (if agent) \_\_\_\_\_

Complainant or agent (signature) Gerry and Sylvia Varga

Sworn to and signed in my presence, this 2/18/2025 day of February 2025  
(Date) (Month) (Year)

Notary Jessica M. Bourisseau



JESSICA M BOURISSEAU  
Notary Public  
State of Ohio  
My Comm. Expires  
November 12, 2025



Clear Form

DTE 1

LORAIN COUNTY  
BOARD OF REVISION

Tax year \_\_\_\_\_ BOR no. \_\_\_\_\_

County \_\_\_\_\_ Date received \_\_\_\_\_

# Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before

2025 FEB 24 PM 1:41

Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use DTE Form 2

☐ Original complaint ☐ Counter complaint

Notices will be sent only to those named below.



	Name	Street address, City, State, ZIP code	
1. Owner of property	Richard Reitzel	9453 Bechtel Rd Elyria, OH 44035	
2. Complainant if not owner			
3. Complainant's agent			
4. Telephone number and email address of contact person 440-731-1313 RGR1222@yahoo.com			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property	
05-00-071-000-018		9453 Bechtel Rd Elyria OH 44035	
7. Principal use of property Residence			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
05-00-071-000-018	196,760	221,630	24,870
9. The requested change in value is justified for the following reasons: Value of property incorrectly assessed for 2024 Tax Year. See revised assessment.			

10. Was property sold within the last three years? ☐ Yes ☒ No ☐ Unknown If yes, show date of sale \_\_\_\_\_

and sale price \$ \_\_\_\_\_ ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date N/A and total cost \$ N/A

13. Do you intend to present the testimony or report of a professional appraiser? ☒ Yes ☐ No ☐ Unknown

Revised Assessment enclosed

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.

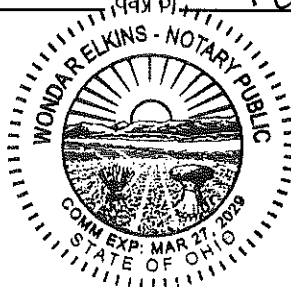
I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 2-18-2025 Complainant or agent (printed) \_\_\_\_\_ Title (if agent) \_\_\_\_\_

Complainant or agent (signature) *R. J. Rutzel*

Sworn to and signed in my presence, this 19 day of February, 2025  
(Date) (Month) (Year)

Notary Wonda R. Elkins





Tax year 2025

BOR no. \_\_\_\_\_

DTE 1  
Rev. 12/22County Lorain

Date received \_\_\_\_\_

**Complaint Against the Valuation of Real Property**

Answer all questions and type or print all information. Read instructions on back before filing.

Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use Form 100.

☒ Original complaint ☐ Counter complaint

Notices will be sent only to those named below.



	Name	Street address, City, State, ZIP code	
1. Owner of property	Tom and Cynthia Hadley	34448 Frances St	
2. Complainant if not owner		North Ridgeville, Ohio 44039	
3. Complainant's agent			
4. Telephone number and email address of contact person 440-452-6335 cindyhadley3@gmail.com			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill	Address of property		
07-00-007-120-022	34448 Frances St, NR, Ohio 44039		
07-00-007-120-021	same as above		
07-00-007-120-020	same as above		
7. Principal use of property backyard part of my principal residence			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
07-00-007-120-022	350	17,620	17,270
07-00-007-120-021	350	4300	3950
07-00-007-120-020	350	4300	3950
9. The requested change in value is justified for the following reasons:			
1. Disproportionate Increase: The assessed value of my parcels has increased substantially without clear justification. One parcel increased from \$350 to \$17,620 and another from \$350 to \$4,300. These increases do not reflect a reasonable market trend, especially when compared to similar properties in the Ridgeville Hts area. Based on my research, including Zillow estimates and recent sales, properties in my neighborhood have not appreciated at the same			

*Rate as other areas in N. Ridgeville, the condition and characteristics remain unchanged from date*

10. Was property sold within the last three years? ☐ Yes ☒ No ☐ Unknown If yes, show date of sale previous years

and sale price \$ \_\_\_\_\_; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date \_\_\_\_\_ and total cost \$ \_\_\_\_\_.

13. Do you intend to present the testimony or report of a professional appraiser? ☐ Yes ☒ No ☐ Unknown





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.

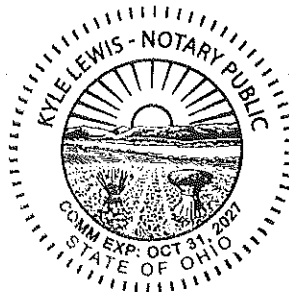
Date 02/16/2025 Complainant or agent (printed) Cynthia Hadley Title (if agent) \_\_\_\_\_

Complainant or agent (signature) Cynthia Hadley

Sworn to and signed in my presence, this 19 day of February 2025  
(Date) (Month) (Year)

Notary Kyle Lewis

State of OHIO  
County of Cuyahoga





Clear Form

Tax year 2024 BOR no. \_\_\_\_\_  
County Lorain Date received \_\_\_\_\_

DTE 1  
Rev. 12/22

**Complaint Against the Valuation of Real Property**

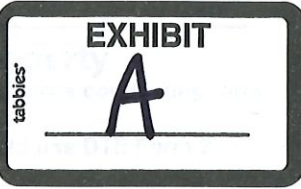
Answer all questions and type or print all information. Read instructions on back.

2025 FEB 24 PM 2:42 Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should be filed on a different form.

☒ Original complaint ☐ Counter complaint

Notices will be sent only to those named below.



	<b>Name</b>	<b>Street address, City, State, ZIP code</b>	
1. Owner of property	West River Plaza II, LLC	5050 Detroit Road, Sheffield Village, Ohio, 44035	
2. Complainant if not owner			
3. Complainant's agent	Brian G. Dattilo, Esq.	50 Cooper Foster Pk. Rd., #102, Lorain, OH, 44040	
4. Telephone number and email address of contact person 440-988-9500; Brian@TSOhiolaw.com			
5. Complainant's relationship to property, if not owner attorney			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill		Address of property	
06-24-030-000-107		1508 West River Road, Elyria, Ohio, 44035	
7. Principal use of property commercial			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
06-24-030-000-107	\$400,000.00	\$774,080.00	-\$374,080.00
9. The requested change in value is justified for the following reasons: recent arms length sale of the property			

10. Was property sold within the last three years? ☒ Yes ☐ No ☐ Unknown If yes, show date of sale November 17, 2022  
and sale price \$ 400,000.00 ; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date \_\_\_\_\_ and total cost \$ \_\_\_\_\_.

13. Do you intend to present the testimony or report of a professional appraiser? ☐ Yes ☐ No ☒ Unknown



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.

- |  |   |
|--|---|
| <input type="checkbox"/> The property was sold in an arm's length transaction. | <input type="checkbox"/> The property lost value due to a casualty.   |
| <input type="checkbox"/> A substantial improvement was added to the property.  | <input type="checkbox"/> Occupancy change of at least 15% had a substantial economic impact on my property. |

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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 2-20-2025 Complainant or agent (printed) Brian G. DaHilo Title (if agent) Attorney

Complainant or agent (signature) 

Sworn to and signed in my presence, this 20<sup>th</sup> day of February 2025  
(Date) (Month) (Year)

Notary 



CATHERINE M. SMITH  
Notary Public, State of Ohio  
My Commission Expires  
April 28, 2029



