	Tax year 202	5	_ BC	PR no		DTE 1 Rev. 12/22
DO AND						
County County County Date received						
×	Name Street address, City, State, ZIP cod			de		
1. Owner of property	JACK: e ADA	m S		374 PASA JENA	AVE	
2. Complainant if not owner				Elyn: A, Oh 44035		
3. Complainant's agent						
4. Telephone number and email a	ddress of contact perso	on				
440-365-4368	?					
5. Complainant's relationship to p	roperty, if not owner					
If m	ore than one parcel is	included, see "	Multip	le Parcels" Instruction.		
6. Parcel numbers from tax bill			Address of property			
03-00-109-114-007 2128 ClevelAND AVE- LOVAIN, UL 44055			5			
7. Principal use of property ReNTA						
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.						
Parcel number C	Column A Complainant's Opinion of Value (Full Market Value)		(I	Column B Current Value Full Market Value)	Column Change in V	-
03-00-109-114-009 440.000						
	¥ = =	8				
9. The requested change in value is justified for the following reasons:  WET LAND, Flood Area, Depressed Area, GRAYEL Driveniay, home has unlevel Floors  WATER UNDER HOUSE, had TO FUN MATER TO FRONT LAWN BERAUSE SEWER line is  CLOGGED UP IN THE STREETS. WATER MAINTENANCE BILL #88. 10 \$ EVERY 2-MONTH'S  LOIAIN COUNTY SEWER						
10. Was property sold within the last three years? Yes No Unknown If yes, show date of sale						
and sale price \$		<del></del>				

13. Do you intend to present the testimony or report of a professional appraiser? 

Yes 

No 

Unknown

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 \$ \_\_\_\_\_.

					OR no		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 before completing form.  AM [0: 3] 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					de			
1. Owner of property		JACKIE ADAMS 374 PASAJENA AVE						
2. Complainant if not owner	er	DACKIE ADAMS 374 PASAJENA AVE Elyria Oh 44035						
3. Complainant's agent								
4. Telephone number and 940 - 365		AND RES	on					
5. Complainant's relations	hip to pro	pperty, if not owner						
V	If mo	re than one parcel is	included, see "	Multip	ole Parcels" Instruction.			
6. Parcel numbers from tax	x bill				Address of property			
03-00-110-10	06-0	רגי	5088 CLi	NT O	I AVE . LOVAIN,	Uh 44053		
uping and a second								
7. Principal use of property	Re	NTAI						
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.								
Parcel number	Co	Column A omplainant's Opinior (Full Market Val		(	Column B Current Value Full Market Value)	Column ( Change in V	T-1	
03-00-110-106-017 85.000								
9. The requested change in value is justified for the following reasons: Brick in FRONT of house in POUR Shape Flood Area - Depressed Area - Siding in Poor Condition CONCRETE Drive WAY - Side WAIKS OLD AND IN POUR CONDITION Floors in the home are unlevel - OLD windows, Wet LAND								
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								

	10.14	*		DTE Rev. 12/2
Tax year 4024			B. II. S. C. S.	
BOARD OF REVISION		Date received		
		t of Real	Property Oth	er than Market Value
Use this form to file board of revis	sion complaints regarding a	assessment i	ssues other than the m	arket value of property. Complaints
against market value should be file	ed on the DTE Form 1. An	swer all ques	tions and type or print	all information. Read the instructions
, On the			counter complaint	cessary.
	Notices will be ser	errore tradition to the second of the second	File Committee of the Committee of Committee	
	Name		Street a	ddress, City, State, ZIP code
1) Owner of property	LLR Properties	LLC	73884 2005	EPike Seville OH 44273
Complainant if not owner	- TOPE TICS		13/8/1003	PETTE OF TE
Complainant's agent	Hard H. Rosch	Šc.	7388 Wass	ter Pile Seville OH 44273
Telephone number of contact per		21	11208 0000	RE THE SETTE ON THE -
NV 1997 - 788 - 7878 - 287 - 77 - 77 - 77 - 7	1.0 .00	Jb. Com		
6) Complainant's relationship to pro		00,001		
	than one parcel number	is included.	see "Multiple Parcels	" on back
7) Parcel number from tax bill	# Acres, if applicable		Address of property	
11-00-099-000-003	17,000		, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
11 40 077 440 473	11,000			
			****	10000
8) Indicate the reason for this comp	aint:			The same of the sa
☐ The classification of property				
The classification of property				
<ul><li></li></ul>			ion of CAUV property ur	nder RC 5713.35.
Determination whether good ca			to remain idle under R0	C 5713 30(A)(4)
Determination of whether good of				The power in the first process at the contract of the contract
☐ The denial of the partial exem			and the second s	
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.				
Column A			Column B	Column C
Parcel number Co	omplainant's Opinion of	Value	Current Value	oriango in raido
(Full Market Value)			(Full Market Valu	ue)
	September 1			
				, , , , , , , , , , , , , , , , , , ,
<u> </u>	2			
10) The requested change is justified	d for the following war as	I and	matinues to	heused
10) The requested change is justified			uttural use.	
	70	<u>ugrio</u>	unual use.	
dd) lette e envelope ent le electricit		11	1	
<ol> <li>If the complainant is a legislative complainant, R.C. 5715.19(A)(8)</li> </ol>			al complaint with respe	ect to property not owned by the
The state of the s	1.60		715 19(A)(6)(h) and (7)	) and provided notice prior to the
adoption of the resolution red				
	×			and the same of th
I declare under penalty of perjury tha	t this complaint (including	any attachme	ents) has been examine	ed by me and to the best of my knowl-
edge and belief is true, correct, and		111/00	1	a aller
Date 1/1/2025 Comp	lainant or agent	Signature	Title (if a	agent) OWNER
Sworn to and signed in my present	e, this	•	day of	year

Notary\_\_

Signature

## Clear Form

Tax year_2024		BOR no			DTE 1 Rev. 12/22			
County Lorain								
Answer all questions and type or print all information. Read instructions on back before completing form.  Attach additional pages if necessary.  20this 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.								
Notices will be sent on			1.15		reet address, C	ity, State, ZIP co	de	
Owner of property	L Thomas			11086	West Bend Court, C	Columbia Station, OH,	44028	
Complainant if not owner	N/A							
Complainant's agent		N	/A					
4. Telephone number and	email ad	dress of contact perso	n 440-328-956 jimtbuckeye					
5. Complainant's relations	hip to pro	operty, if not owner						
	If mo	re than one parcel is	included, see "l	Multiple Parcels	" Instruction.			
6. Parcel numbers from ta	x bill				Address of property			
12000	030001	56	11086 West Bend Ct Columbia Station OH 44028					
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	Co	Column A complainant's Opinion of Value (Full Market Value)		Colur Current (Full Mark	Value	Column Change in		
1200003000156		\$565,000		\$677	,210	\$112,21	0	
9. The requested change in value is justified for the following reasons:  County appraised value of the subject parcel is significantly higher than other properties in the neighborhood with similar characteristics. A third-party appraisal firm toured the property in December 2024 and provided an alternate opinion on full market value. A thorough report was prepared and can be shared with the BOR upon request.								
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

for the valuation change requested must be one of those below. F section 5715.19(A)(2) for a complete explanation.	Please check all that apply and explain on attached sheet. See R.C.
☐ 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 i complainant, R.C. 5715.19(A)(8) requires this section to be comp	
☐ The complainant has complied with the requirements of R adoption of the resolution required by division (A)(6)(b) of	.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the that section as required by division (A)(7) of that section.
I declare under penalties of perjury that this complaint (including a knowledge and belief is true, correct and complete.	any attachments) has been examined by me and to the best of my
Date $\frac{1/4/25}{}$ Complainant or agent (printed) ${}$	nes ThomasTitle (if agent)
Complainant or agent (signature)	
Sworn to and signed in my presence, this	day of JANUARY 2025
Notary Made (Date)	(Month) (Year)