

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

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

### 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.

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	Jeremy & Krystal Schroeder	825 PASADENA AVE SHEFFIELD CTR	
2) Complainant if not owner		OH 44054	
3) Complainant's agent			
4) Telephone number of contact person	Jeremy Schroeder	440-225-6927	
5) Email address of complainant	j.schroeder1987@gmail.com		
6) Complainant's relationship to property, if not owner			
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	
0820025000030	5.57	10427 DEAN RD WAKEMAN OH 44889	
0800097000052	2.46	10427 DEAN RD WAKEMAN OH 44889	
8) Indicate the reason for this complaint:			
<input type="checkbox"/> The classification of property under RC 5713.041. <input type="checkbox"/> The classification of property under RC 319.302. <input checked="" type="checkbox"/> The denial of a CAUV application filed under RC 5713.32 or the conversion of CAUV property under RC 5713.35. <input type="checkbox"/> The valuation of property on the agricultural land tax list. <input type="checkbox"/> Determination whether good cause exists for land on the CAUV program to remain idle under RC 5713.30(A)(4). <input checked="" type="checkbox"/> Determination of whether good cause exists for the failure to file a CAUV renewal application pursuant to RC 5713.351. <input type="checkbox"/> The denial of the partial exemption of a qualifying child care center under RC 323.16.			
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

10) The requested change is justified for the following reasons: HAD BEEN FARMED BY PREVIOUS OWNER AND WAS NOT ON PROGRAM. THEN I PURCHASED AND DID RESEARCH ON PROGRAM. PAID FULL AMOUNT FOR 2024 Looking to get on program.

11) 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 penalty 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: 1/25 Complainant or agent: [Signature] Title (if agent): \_\_\_\_\_  
 Signed and signed in my presence, this 25th day of JANUARY year 2025  
 Notary: [Signature] Signature