	4	Clear Form	0		
MADISON COUNTY AUDITOR AUDITOR Light MAR PM 1: 37 Light Mark PM 1: 37 COUNTY AUDITOR Light Mark PM 1: 37	Tax year	023	BOR 6. 1033	DIE 1 Rev. 12/22	
OR W	County		Date received		
Col	mplaint Against	the Valuati	on of Real Prope	erty	
S Answer all question	Attach ad	ditional pages if	necessary.	e completing form.	
This form is fo	r full market value comp  Original of	laints only. All of complaint   Co	ther complaints should us unter complaint	se DTE Form 2	
720					
		me		s, City, State, ZIP code	
1. Owner of property	KAREN SI	MW	6411 St Kt	38 SE Condon 43)42	
2. Complainant if not owner	Series and the modes of the				
Complainant's agent	ll address of a satest assess	-			
4. Telephone number and email 614-832-7256	5.	.n			
5. Complainant's relationship to	property, if not owner				
If	more than one parcel is	included, see "M	ultiple Parcels" Instructio	n.	
6. Parcel numbers from tax bill	3. Parcel numbers from tax bill		Address of property		
14-00204: 0	00	6411 StRt 38 SE Condon, Oh10 \$3140			
				,	
			or all to the set to distribute		
7. Principal use of property	Wing				
8. The increase or decrease in a	market value sought. Coun	ter-complaints sup	porting auditor's value may l	nave -0- in Column C.	
Daniel Makes	Column A	-5)/-1	Column B	Column C	
Parcel number	Complainant's Opinior (Full Market Value)		Current Value (Full Market Value)	Change in Value	
14-00204000	110		100 610	-90 C/2	
	110,000		138, 340	-28,540	
The requested change in val	ue is justified for the follow	ving reasons:			
Neighbor, jus	t trash				
5 / )					
10. Was property sold within th	e last three years?   Ye	es ሺ No 🗌 Un	known If yes, show date of	sale	
and sale price \$	; and attach info	rmation explained	in "Instructions for Line 10"	on back.	
11. If property was not sold but v				1	
12. If any improvements were o	completed in the last three	years, show date	NO - JUST ANG	otal cost \$	
13. Do you intend to present th					

	in the stage of th	DTE 1 Rev. 12/22				
14. If you have filed a prior complaint on this parcel since the las for the valuation change requested must be one of those below. 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 substant economic impact on my property.	itial				
15. If the complainant is a legislative authority and the complaint complainant, R.C. 5715.19(A)(8) requires this section to be complained.		ned by the				
☐ The complainant has complied with the requirements of F adoption of the resolution required by division (A)(6)(b) or						
I declare under penalties of perjury that this complaint (including knowledge and belief is true, correct and complete.	any attachments) has been examined by me and to the	e best of my				
Date 3/14/3024 Complainant or agent (printed) KAREN Shaw Title (if agent)						
Complainant or agent (signature)	Maw					
Sworn to and signed in my presence, this	day of <u>3</u> <u>(Month)</u>	)004 (Year)				
My commission expires 2.13.24						

<sup>2024</sup> MAR 14 PM 1:37 LONDON. OHIO