

**TRANSCRIPT ON APPEAL  
 FROM COUNTY BOARD OF REVISION**

Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

v. **Appellant.**

AUDITOR AND THE BOARD OF REVISION

of \_\_\_\_\_ County, Ohio \_\_\_\_\_

(Names of other appellees, if any) \_\_\_\_\_ **Appellee(s).**

BOR Case No. \_\_\_\_\_

BTA Case No. \_\_\_\_\_

To the Board of Tax Appeals:

The board of revision hereby certifies the transcript of the record of the proceedings before it pertaining to the original complaint in the captioned matter and all evidence offered in connection with that complaint.

1. The complaint (copy attached) was filed by \_\_\_\_\_
2. A counter-complaint (copy attached), if any, was filed by \_\_\_\_\_
3. The property is listed in the name(s) of \_\_\_\_\_  
 with a tax mailing address of \_\_\_\_\_  
 and is located in the \_\_\_\_\_ taxing district.
4. The board of revision issued its decision on (date) \_\_\_\_\_ and mailed the decision by certified mail to all parties as prescribed by R.C. 5715.20 on (date) \_\_\_\_\_.
5. The auditor and board of revision found the valuation and assessment for tax year \_\_\_\_\_ to be as follows:  
**(If more than one parcel or manufactured or mobile home, attach sheet showing values for additional parcels or homes using same format as below)**

PARCEL OR REGISTRATION NUMBER:			
	AUDITOR	BOR	INCREASE (DECREASE)
<b>LAND (NOT APPLICABLE TO MANUFACTURED OR MOBILE HOME COMPLAINTS)</b>			
TRUE VALUE			
TAXABLE VALUE			
<b>BUILDING OR MANUFACTURED OR MOBILE HOME</b>			
TRUE VALUE			
TAXABLE VALUE			

6. A copy of the notice of appeal was received and filed on (date) \_\_\_\_\_; and all parties have been notified of the appeal by certified mail.  
 A copy of the notice of appeal has not been received by the board of revision.

I certify that the foregoing statements are true and that the attached transcript is a true and complete record of the proceedings before the board of revision pertaining to the decision appealed from and all evidence offered and considered by the board of revision.

\_\_\_\_\_  
 (signature) \_\_\_\_\_  
 Auditor of \_\_\_\_\_ County Date

