## (For Use by Formerly Employed Designated Public Service Workers)

## AFFIDAVIT REQUESTING REMOVAL FROM GENERAL TAX LIST PER O.R.C. §319.28(B)(1)

STATE OF OHIO ) ) ss: COUNTY OF FRANKLIN )

\_\_\_\_, being first duly sworn, says that they have personal

(Print First and Last Name)

knowledge of all the facts contained in this affidavit and that they are competent to testify to the

matters stated herein. Affiant further states as follows:

1. I was, or my spouse was, one of the following: a peace officer, parole officer, probation officer, bailiff, prosecuting attorney, assistant prosecuting attorney, correctional employee, county or multicounty corrections officer, community-based correctional facility employee, designated Ohio national guard member, protective services worker, youth services employee, firefighter, EMT, medical director or member of a cooperating physician advisory board of an emergency medical service organization, state board of pharmacy employee, investigator of the Bureau of Criminal Identification and Investigation, emergency service telecommunicator, forensic mental health provider, mental health evaluation provider, regional psychiatric hospital employee, judge, magistrate, or federal law enforcement officer

2. I hereby request, pursuant to Ohio Revised Code Section 319.28(B)(1), that the Franklin County Auditor replace my name as property owner from the general tax list of real and public utility property for the property known as:

(Street Address, City, State, Zipcode)		
Tax District/Parcel #	·	
3. I understand that my name,		, will be
replaced by my initials, as authorized by law, to		, to
indicate ownership of the above listed property.	(Print First and Last Initials)	
Further, affiant sayeth naught.		
utifier, affiant sayeth haught.		
Signature		
Title		
Sworn to before me and subscribed in my presence thi	sday of	
, 20		
Notary Public		
My Commission Expires	S	

## Instructions Affidavit Requesting Removal From General Tax List Per O.R.C 319.28(B)(1)

- 1. The Affidavit must be completed in its entirety, signed, and notarized. Please do not sign until you are in the presence of the Notary Public. The Auditor's office can provide a notary if needed.
- 2. For job title, please indicate the qualifying profession that corresponds to your employment (law enforcement officer, firefighter, EMT, correctional facility employee, judge, etc.)
- 3. Spouses of qualifying employees are also permitted to submit an affidavit if the property is owned in their name; spouses must independently submit their own signed and notarized affidavit. For spouses of a qualifying employee, please indicate in the job title: "Spouse to [insert qualifying profession here]."
- 4. If you are mailing the Affidavit into our office for processing, please notate if the processed form should be sent back to an address different from the property address. Completed and notarized affidavits can be mailed to:

Franklin County Auditor's Office 373 South High Street, 19<sup>th</sup> Floor Columbus, OH 43215

- 5. Once our office receives your Affidavit, we will complete the request on your behalf, and then return the original document to you for your record keeping.
- 6. When you are ready to transfer/sell the property, please present the completed Affidavit to the title agency that is handling the closing on your behalf.
- 7. The title agency will then create the necessary documents to transfer the property to the new owner(s).
- 8. The Auditor's office notifies the County Treasurer of any owner name changes; however, you will need to contact the County Recorder directly to ensure that their records properly reflect your name.