

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

STATE OF OHIO)
) ss:
COUNTY OF TRUMBULL)

_____, being first duly sworn, says that they have personal
(Print First and Last Name)
knowledge of all of 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 am , or my spouse is , currently employed by the _____ as
one of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asst. Prosecuting Attorney | <input type="checkbox"/> Federal Law Enforcement Officer | <input type="checkbox"/> Peace Officer |
| <input type="checkbox"/> Bailiff | <input type="checkbox"/> Firefighter | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> BCI Investigator | <input type="checkbox"/> Forensic Mental Health Provider | <input type="checkbox"/> Protective Services Worker |
| <input type="checkbox"/> Correctional Employee | <input type="checkbox"/> Judge | <input type="checkbox"/> Regional Psychiatric Hospital Employee |
| <input type="checkbox"/> Board of Pharmacy Employee | <input type="checkbox"/> Magistrate | <input type="checkbox"/> County or Multicounty Corrections Officer |
| <input type="checkbox"/> Prosecuting Attorney | <input type="checkbox"/> Youth Services Employee | <input type="checkbox"/> Designated Ohio National Guard Member |
| <input type="checkbox"/> EMS Medical Director | <input type="checkbox"/> Mental Health Evaluation Provider | <input type="checkbox"/> Emergency Service Telecommunicator |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Parole Officer | <input type="checkbox"/> Community-Based Correctional Facility Employee |
| | | <input type="checkbox"/> Member of EMS Cooperating Physician Advisory Board |

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

Signature _____

Title _____

Sworn to before me and subscribed in my presence this _____ day of

_____, 20____.

Notary Public _____

My Commission Expires _____