

MONTGOMERY COUNTY AUDITOR

**AFFIDAVIT IN SUPPORT OF APPLICATION FOR REMOVAL OF NAME FROM THE GENERAL TAX
LIST AND DUPLICATE OF REAL AND PUBLIC UTILITY PROPERTY**

STATE OF OHIO) PARCEL NO. _____
) SS:
COUNTY OF MONTGOMERY)

(Print Name) , being duly sworn under oath, deposes and says:

1. Pursuant to Ohio Revised Code § 319.28 (B), I hereby request that the Montgomery County Auditor remove my name from both the General Tax List and Duplicate of Real and Public Utility Property and any electronic records available on the Internet.
2. Pursuant to the above-mentioned section, I hereby request that the Montgomery County Auditor insert my initials in place of my name.
3. I am my spouse is employed by _____ as
(Name of employer/agency)

a/an _____.
(Insert applicable title for eligible designated public service worker: peace officer, parole officer, probation officer, bailiff, prosecuting attorney, assistant prosecuting attorney, correctional employee, county or multicounty corrections officer, community-based correctional facility employee, 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, judge, magistrate, or federal law enforcement officer)

5. I understand that the Montgomery County Auditor may verify my current employment prior to removing my name from the General Tax List and Duplicate.

6. I also understand that pursuant to Ohio Revised Code § 319 (B)(2), the Montgomery County Auditor shall inform me within five business days if and why removal and insertion is impracticable at _____.
(Daytime phone number)

Further affiant saveth naught.

(Signature)

(Date)

Sworn to before me and subscribed in my presence
by the above signed individual

on _____, 20_____.

Notary Public

My commission expires: