



LAKE COUNTY AUDITOR
 SECRETARY OF BUDGET
 COMMISSION BOARD OF
 REVISION ADMINISTRATOR
 DATA PROCESSING DEPT.

LAKE COUNTY ADMINISTRATION CENTER
 105 MAIN ST.
 P. O. BOX 490
 PAINESVILLE, OHIO 44077-0490
 440-350-2528
 440-428-4348
 440-918-2500
 FAX: 440-350 -2667

**AFFIDAVIT FOR INSERTION OF INITIALS
 ON LAKE COUNTY PROPERTY TAX LIST
 AND TAX DUPLICATE**

State of Ohio)
) SS:
 County of Lake)

_____ of _____
(Name) (Address)

being first duly cautioned and sworn, attests that he/she is employed by the

_____ aaaaaaaaaaaaaaaaaaaaaaaa_ as a/an
(Name of Employer/Agency)

(Insert applicable title; 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)

and as such requests that the property ownership of the following described property be changed on the general tax list of real property and public utility property and the general duplicate of real property and public utility from my name to my initials as provided for in R.C. 319.28 (B).

The property affected by this affidavit is described as follows:

Permanent Parcel Number: _____

Address: "_aa _____

Municipality: _____

Further Affiant saith naught.

(Signature) (Date)

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

 Notary Public, State of Ohio

 My commission expires