

# Ohio Department of Transportation

## Application for Real Property Tax Exemption and Remission

\_\_\_\_ County Date received \_\_\_\_\_ Application number\_\_\_\_\_

The Ohio Department of Transportation must use this form when applying for exemption and remission under R.C. 319.20 and R.C. 5709.08. Use the attached schedule when seeking exemption and remission for multiple parcels. Submit this application to the county auditor's office in the county where the property is located. **The final deadline for filing with the county auditor is Dec. 31 of the year for which exemption is sought.**

**Applicant's Statement** Application is hereby made to have the property or properties described herein removed from the tax list and duplicate and placed on the exempt list for the current tax year \_\_\_\_\_, and to have taxes and penalties thereon remitted for these preceding years:\_\_\_\_\_. I declare under penalty of perjury that I have examined this application and to the best of my knowledge and belief it is true, correct and complete.

### FOR ODOT USE ONLY

CRS\_\_\_\_\_ PID\_\_\_\_\_ PAR\_\_\_\_\_ APN\_\_\_\_\_ SJN\_\_\_\_\_

School district \_\_\_\_\_ Former owner \_\_\_\_\_

Acreage acquired \_\_\_\_\_ Date title acquired \_\_\_\_\_

Date private use terminated \_\_\_\_\_ Exempt use of property \_\_\_\_\_

Parcel ID: \_\_\_\_\_ (identify multiple parcels in the attached schedule)

State of Ohio Department of Transportation \_\_\_\_\_, OH \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ ZIP code \_\_\_\_\_

Phone \_\_\_\_\_

Signature of agent \_\_\_\_\_ Date \_\_\_\_\_

### **County Auditor's Findings**

Taxable value: Land \_\_\_\_\_ Building \_\_\_\_\_

Auditor decision:  Grant  Partial Grant  Deny  Dismiss

Comments \_\_\_\_\_

Date \_\_\_\_\_ County auditor \_\_\_\_\_

### **Treasurer's Certificate**

Taxes paid in full through tax year \_\_\_\_\_

Prorated taxes paid through the following date \_\_\_\_\_

I hereby certify that ALL TAXES, ASSESSMENTS, PENALTIES AND INTEREST levied and assessed against the property identified above and/or properties identified in the attached schedule, have been paid in full to and including the tax year shown above. That additional funds have been deposited with the county treasurer for the payment of the prorated taxes to the date shown above.

Date \_\_\_\_\_ County treasurer \_\_\_\_\_

Application No. \_\_\_\_\_ Date Approved. \_\_\_\_\_ Project: County \_\_\_\_\_ Route \_\_\_\_\_ Section \_\_\_\_\_

	1	2	3	4	5	6	7	8	9
	Project Parcel No. and Auditor's Parcel No.	State Job Number School District Name of Former Owner	Acreage Acquired	Date Title Acquired	Date Private Use Terminated	Exempt Use of Property	Taxable Value	Taxes Paid In Full Thru Tax Year	Prorated Taxes Paid To (Date)
1							L B		
2							L B		
3							L B		
4							L B		
5							L B		
6							L B		
7							L B		
8							L B		
9							L B		
10							L B		

INSTRUCTIONS: Applicant is to complete columns 1 through 6. County Auditor is to complete column 7 showing the land and building values of each parcel for the year of application. The County Treasurer is to complete column 8 showing the last full year for which taxes have been paid for and column 9 showing the date through which taxes have been paid and the cost of the acquisition pursuant to R.C. 319.20. In column 9, the County Treasurer should enter the date to which the prorated taxes have been paid.