

Safety Forces/Law Enforcement Redaction Form

Send completed form to Ottawa County Auditor, 315 Madison St., Port Clinton, Oh 43452

AFFIDAVIT

State of Ohio)
)SS:
County of Ottawa)

Name
of _____
Address

being first duly cautioned and sworn, attests that he/she is a

(insert applicable title: peace officer, parole officer, prosecuting attorney, assistant prosecuting attorney, correctional employee, youth services employee, firefighter or EMT)

and as such requests that the property ownership of the following described property be changed on the general tax list of real and public utility property and the general duplicate of real and public utility property from the current name

_____ to the initials of _____ as provided for in O.R.C. 319.28 (B)(1) enacted by HB 46 of the 127th Ohio General Assembly.

The property affected by this affidavit is described as follows:

Insert parcel number(s) ____-____-____-____

____-____-____-____

____-____-____-____

____-____-____-____

Further Affiant saith naught.

Signature of Affiant

Sworn to before me and subscribed in my presence this ____ day of _____, 200_

Notary public, State of Ohio

My commission expires _____

This instrument prepared by _____