TAX REQUEST FORM

ASHTABULA COUNTY TREASURER 25 WEST JEFFERSON STREET • JEFFERSON OH 44047

Phone (440) 576-3727

Email: <u>Treasurer@AshtabulaCounty.us</u>

Complete <u>entire top section</u> and email PDF file to Treasurer for completion. Please do not change form or format. Thank you!

Case Number:			
		Tax Proration Date: <i>OR</i> "N/A" if tax proration not	< Prorata date*
Sale Date		required under ORC §323.47	<or a="" here<="" n="" put="" td=""></or>
Plaintiff:			
Defendant:			
Plaintiff Attorney:			
Attorney Phone #:		_ Attorney email:	
Property Owner:			
Property Address:			
Parcel ID #(s): 1 Parcel# per column	Parcel #1	Parcel #2	Parcel #3
Ex: 123456789012	Numbers only, no dashes	Numbers only, no dashes	Numbers only, no dashes
~~~ STOP: Th	e following section is to	be completed by Treas	urer's Office ~~~
Year of Taxes:			
<b>Delinquent Taxes:</b>			
First Half:			
Second Half: Pro-rated Taxes (*to Tax Proration date)			
<b>Total Taxes Due:</b>			
Total Tax Lien Certificate Sales: Contact recorded lien holder to confirm accuracy.			
are estimated to the bes held responsible for any any increase in taxes inc Board of Revision decis	t of the Treasurer's knowledg additions to the tax bill that meluding those due to levy passation. <b>Before Confirmation Ent</b>	ply per ORC 323.47, then enter e on the Date Request Returne hay be attached to the parcel af age, special assessments, value try, deduct payments made aft www.AshtabulaCountyTreasurer	d. The Treasurer will not be ter the confirmation date, nor change, discount removal or ter Date Request Returned –
Date Request Received  Date Request Returned  Completed by Treasurer/Deputy:			

Rev 10/2020