Notary Public

## **INSTRUCTIONS FOR COMPLETING FORM**

## FILING DEADLINES AND SCHEDULE OF DEDUCTIONS:

An application for refund or waiver of the current years's taxes must be filed no later than the 31<sup>st</sup> day of January following the year in which the destruction or damage occurred. Any tax refund or waiver approved will affect the tax bills for the year in which the damage or destruction occurred. The amount of the tax refund or waiver equals a percentage of the tax on the reduction in the value of the home caused by the damage or destruction. That percentage is determined by the calendar half in which the damage occurred. The filing deadline and percentage deduction in taxes allowed for each calendar half are shown below.

IN WHI	OAR HALF CH HOME AMAGED	APPLICATION DEADLINE	PERCENTAGE DEDUCTION ALLOWED				
	RY – JUNE DECEMBER	JANUARY 31 JANUARY 31	100% 50%				
LINE INSTRU	CTIONS:						
LINES 1, 2 and 3: Enter owner's full name, mailing address, and daytime phone number.							
LINE 4:	Enter registration number(s) of damaged home. This number is shown on your tax bill.						
LINE 5:	Enter the full address of the damaged home.						
LINE 6:	Enter name of county where damaged home is or was located.						
LINE 7:	Enter date the damage or destruction occurred.						
LINE 8:	Explain cause of damage: fire, flood, intentional demolition, etc.						
LINE 9:	Describe the damage to the home, attach additional pages if necessary.						
LINE 10:	Enter your best estimate of the reduction in the home's value caused by the damage.						
LINE 11:	If the home is insured, sh	now the amount the insurance	company paid, or will pay, if available.				
<b>OWNERS' SIGNATURE:</b> Sign and date the application at the bottom <i>on the front</i> and have your signature notarized. If the owner's signature is not notarized, the section below must be completed and notarized.							
AFFIDAVIT OF TWO DISINTERESTED PERSONS  If the owner's signature is notarized on the front of this application, this affidavit is <u>not</u> necessary.							
Printed Name of 1 <sup>st</sup> person		Printed Name of 2	person				
Signature of 1 <sup>st</sup> pe	erson	Signature of 2 <sup>nd</sup> p	erson				
Being duly sworn, say that they are residents of the municipal corporation or township in which the above home is or was situated, that neither of them has any interest therein, and that the home was damaged or destroyed on the date shown above.							
Sworn to and sign	ed in my presence, this	day of					

DTE Form 49 (Revised 11/97) RC 4503.0611 Date Received

## APPLICATION FOR TAX REFUND OR WAIVER FOR DESTROYED OR DAMAGED MANUFACTURED HOMES

ANSWER ALL QUESTIONS AND TYPE OR PRINT ALL INFORMATION READ INSTRUCTIONS ON BACK BEFORE COMPLETING FORM

Please return to:

## OTTAWA COUNTY AUDITOR

315 Madison St, Rm 202 Port Clinton, OH 43452

		, , , , , , , , , , , , , , , , , , , ,	
1. Owner's Name			
2. Owner's Address			
7	City	State	Zip Code
	·		•
4. Registration Number of	of Damaged Home		
5. Address of Damaged	Home		
	City	State	Zip Code
6. County Where Damag	•		
8. Cause of Damage (If	damage is due to fire, please atta	ach copy of fire report)	
9. Description of Damag	e		
10 Estimated Dollar Am	nount of Damage \$		
		eived \$ NER OF THE MANUFACT	TURED HOME, PLEASE FILL OUT
THE AFFIDAV	IT ON THE BACK OF TH	IIS FORM.	The state of the s
I declare under p belief, it is true, o	enalties of perjury that this a correct, and complete.	pplication has been examined	by me and, to the best of my knowledge and
Owner's Signatu	re	Date	
-			
Sworn to and sig	ned in my presence, this	day of	20
Notary Public			