

Tax year _____ BOR no. 13
County Coshocton Date received 2-25-2025

DTE 1
Rev. 12/22

Complaint Against the Valuation of Real Property

Answer all questions and type or print all information. Read instructions on back before completing form.

Attach additional pages if necessary.

This form is for full market value complaints only. All other complaints should use DTE Form 2

☐ Original complaint ☐ Counter complaint

Notices will be sent only to those named below.

DUE MARCH 31st

	Name	Street address, City, State, ZIP code	
1. Owner of property	<u>Frye Trust</u>	<u>54680 S.R. 541 COSHOCTON, OH</u>	
2. Complainant if not owner	<u>Michael Frye</u>	<u>Same as above.</u>	
3. Complainant's agent			
4. Telephone number and email address of contact person <u>740-545-6892</u>			
5. Complainant's relationship to property, if not owner			
If more than one parcel is included, see "Multiple Parcels" Instruction.			
6. Parcel numbers from tax bill	Address of property		
<u>021-00000105-00</u>	<u>SAME AS ABOVE</u>		
7. Principal use of property <u>WOOD SHOP</u>			
8. The increase or decrease in market value sought. Counter-complaints supporting auditor's value may have -0- in Column C.			
Parcel number	Column A Complainant's Opinion of Value (Full Market Value)	Column B Current Value (Full Market Value)	Column C Change in Value
<u>021-00000105-00</u>	<u>0</u>	<u>3,100</u>	<u>3,100</u>
9. The requested change in value is justified for the following reasons:			

10. Was property sold within the last three years? ☐ Yes ☒ No ☐ Unknown If yes, show date of sale _____
and sale price \$ _____; and attach information explained in "Instructions for Line 10" on back.

11. If property was not sold but was listed for sale in the last three years, attach a copy of listing agreement or other available evidence.

12. If any improvements were completed in the last three years, show date _____ and total cost \$ _____.

13. Do you intend to present the testimony or report of a professional appraiser? ☐ Yes ☒ No ☐ Unknown

14. If you have filed a prior complaint on this parcel since the last reappraisal or update of property values in the county, the reason for the valuation change requested must be one of those below. Please check all that apply and explain on attached sheet. See R.C. section 5715.19(A)(2) for a complete explanation.

☐ The property was sold in an arm's length transaction.

☐ The property lost value due to a casualty.

☐ A substantial improvement was added to the property.

☐ Occupancy change of at least 15% had a substantial economic impact on my property.

15. If the complainant is a legislative authority and the complaint is an original complaint with respect to property not owned by the complainant, R.C. 5715.19(A)(8) requires this section to be completed.

☐ The complainant has complied with the requirements of R.C. section 5715.19(A)(6)(b) and (7) and provided notice prior to the adoption of the resolution required by division (A)(6)(b) of that section as required by division (A)(7) of that section.

I declare under penalties of perjury that this complaint (including any attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Date 25 FEB 25 Complainant or agent (printed) MICHAEL D. FRYE Title (if agent) _____

Complainant or agent (signature) Michael D. Frye

Sworn to and signed in my presence, this 25 day of Feb 2025
(Date) (Month) (Year)

Notary Katelyn Gordon



Katelyn Gordon
Notary Public, State of Ohio
My Commission Expires
October 22, 2028

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There are no pictures for this parcel

There are no attachments for this parcel



Application no. _____

**Application for Valuation Deduction
for Destroyed or Damaged Real Property**

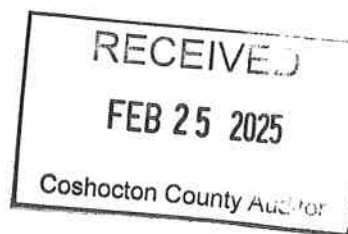
Date Received

2-25-25

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1. Owner's name MICHAEL D. FRYE
2. Owner's address 54680 S.R. 541 COSHOCTON, OHIO
3. Owner's telephone number 740-545-6892
4. Parcel number of damaged property 021-105-00
5. Address of damaged property SAME
6. County where located COSHOCTON
7. Date damage occurred 04 DEC 89
8. Cause of damage FIRE
9. Description of damage TOTAL LOSS
10. Estimated dollar amount of damage \$ TOTAL LOSS
11. If property insured, amount of insurance received \$ 0

I declare under penalties of perjury that this application has been examined by me and, to the best of my knowledge and belief, it is true, correct and complete.

Owner Michael D Frye
Signature25 FEB 25
DateBy the county auditor
on behalf of the property owner _____
Signature_____
Date

He also filed BOR
on this building.

