

CUYAHOGA COUNTY FISCAL DEPARTMENT

2079 E. NINTH STREET Room 4-100 • CLEVELAND, OHIO 44115 • TELEPHONE (216) 443-7089
OHIO RELAY SERVICE (TTY) 1-800-750-0750

AFFIDAVIT FOR INSERTION OF INITIALS ON PROPERTY DUPLICATE AND TAX LIST

I, _____ of _____,
Name Address

_____, OH _____ being duly cautioned and sworn, attests
City Zip

I am currently employed as a (Check the box that applies):

- | | | |
|---|---|---|
| <input type="checkbox"/> Asst. Prosecuting Attorney | <input type="checkbox"/> EMT | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> Bailiff | <input type="checkbox"/> Firefighter | <input type="checkbox"/> Board of Pharmacy Employee |
| <input type="checkbox"/> BCI Investigator | <input type="checkbox"/> Judge | <input type="checkbox"/> Community-Based Correctional Facility Employee |
| <input type="checkbox"/> Correctional Employee | <input type="checkbox"/> Magistrate | <input type="checkbox"/> County or Multicounty Corrections Officer |
| <input type="checkbox"/> EMS Medical Director | <input type="checkbox"/> Parole Officer | <input type="checkbox"/> Member of EMS Cooperating Physician Advisory Board |
| <input type="checkbox"/> Prosecuting Attorney | <input type="checkbox"/> Peace Officer | <input type="checkbox"/> Federal Law Enforcement Officer |
| <input type="checkbox"/> Youth Services Employee | | |

tax list of real and public utility property and the tax duplicate of same from the current listed name of

_____ to the initials of _____ as provided for in ORC 319.28(B)(1)

As enacted by HB 46 of the 127th Ohio General Assembly.

The property affected by this affidavit is described as follows: (must attach legal description)

Permanent Parcel No. _____

A.F.N. _____

Further Affiant Sayeth Naught

STATE OF OHIO

COUNTY OF CUYAHOGA

Affiant

Sworn To Before Me and Subscribed By Me, at _____,

Ohio, this _____ day of _____ A.D., 20____

Notary Public

REQUEST TO REDACT ADDRESS

Pursuant to O.R.C. 149.45(D)(1), a "designated public service worker" may file this form with a public office, other than a county auditor's office, to request that the address of the person making the request be redacted from any record made available by that office to the public on the internet. For purposes of this law, "designated public service worker" is defined at O.R.C. 149.43(A)(7). Upon receiving a request for redaction, a public office shall act within five (5) business days to either redact the requested information or provide a verbal or written explanation to the individual as to why a requested redaction is not practicable. O.R.C. 149.45(D)(2).

Instructions: Complete entire form below and send directly to the public office that maintains the records to be redacted. The Ohio Attorney General will not forward requests on behalf of the requesting individual. The Ohio Attorney General is also not required or permitted to review and/or approve a request for redaction.

I, _____, request that the office of _____
(print full name) *(print name of public office)*

redact my address from any record made available to the general public on the internet that includes my residential and familial information.

I am currently employed as , or the spouse of , or a former spouse of , or a child of the following covered professional (Check the box that applies):

- | | | |
|---|--|---|
| <input type="checkbox"/> Asst. Prosecuting Attorney | <input type="checkbox"/> Federal Law Enforcement Officer | <input type="checkbox"/> Peace Officer |
| <input type="checkbox"/> Bailiff | <input type="checkbox"/> Firefighter | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> BCI Investigator | <input type="checkbox"/> Forensic Mental Health Provider | <input type="checkbox"/> Protective Services Worker |
| <input type="checkbox"/> Correctional Employee | <input type="checkbox"/> Judge | <input type="checkbox"/> Regional Psychiatric Hospital Employee |
| <input type="checkbox"/> Board of Pharmacy Employee | <input type="checkbox"/> Magistrate | <input type="checkbox"/> County or Multicounty Corrections Officer |
| <input type="checkbox"/> Prosecuting Attorney | <input type="checkbox"/> Youth Services Employee | <input type="checkbox"/> Designated Ohio National Guard Member |
| <input type="checkbox"/> EMS Medical Director | <input type="checkbox"/> Mental Health Evaluation Provider | <input type="checkbox"/> Emergency Service Telecommunicator |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Parole Officer | <input type="checkbox"/> Community-Based Correctional Facility Employee |
| | | <input type="checkbox"/> Member of EMS Cooperating Physician Advisory Board |

For each known instance, please identify the location of your address within any record made available by the public office listed above to the public on the internet:

Document Title & Description: _____

Specific Web Address (URL): _____

Location of Address within Document: _____

(Use the second page of this form to identify additional locations of address to be redacted)

Signature of Requester

Date Signed

Printed Name of Requester

Telephone Number

Full Address (Street, City, State, ZIP)

Email Address

Date Request Received ____ / ____ / ____

(For Public Office Use)

Document Title & Description: _____

Specific Web Address (URL): _____

Location of Address within Document: _____

Document Title & Description: _____

Specific Web Address (URL): _____

Location of Address within Document: _____

Document Title & Description: _____

Specific Web Address (URL): _____

Location of Address within Document: _____

Document Title & Description: _____

Specific Web Address (URL): _____

Location of Address within Document: _____

Document Title & Description: _____

Specific Web Address (URL): _____

Location of Address within Document: _____
