

Tax Year:		BOR Complaint No.:		Date Received:		Parcel No.:	
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Board of Revision of Hamilton County, Ohio

Phone (513)946-4035

138 E. Court Street
Cincinnati, OH 45202

RENTAL REGISTRATION APPEAL FORM

Property Owner(s) (as listed on deed): _____			
Mailing Address: _____			
Street #/Name	City	State	Zip
Daytime Telephone Number: _____		E-Mail Address: _____	
Complainant Name (if different from Owner): _____			
Mailing Address: _____			
Street #/Name	City	State	Zip
Daytime Telephone Number: _____		E-Mail Address: _____	
Complainant's Appointed Agent (if applicable): _____			
Mailing Address: _____			
Street #/Name	City	State	Zip
Daytime Telephone Number: _____		E-Mail Address: _____	
Parcel Number: _____ Property Address: _____			
Principal Use of Property: _____			
Tax Year of Assessment: _____ Assessment Amount Fined: \$ _____			
Complainant/Agent's Reason(s) for Appeal: _____			

I have completed the Rental Registration Appeal Form (including any attachments) and it has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Signature of Complainant or Authorized Party: _____ Date: _____

Sworn to & signed in my presence, this _____ day of _____, 20_____

Notary Public: _____