



# PUTNAM COUNTY AUDITOR'S OFFICE

245 E. Main Street Suite 201 Ottawa, OH 45875  
TELEPHONE 419-523-6686

Robert L. Benroth  
Auditor

www.co.putnam.oh.us

www.putnamcountygis.com

## **AFFIDAVIT IN SUPPORT OF APPLICATION FOR REMOVAL OF NAME FROM THE GENERAL TAX LIST AND DUPLICATE OF REAL AND PUBLIC UTILITY PROPERTY ORC § 319.28(B)(1)**

STATE OF OHIO ) Parcel No. \_\_\_\_\_  
 ) SS: Property Title: \_\_\_\_\_  
COUNTY OF PUTNAM ) \_\_\_\_\_

\_\_\_\_\_ (Print Name), being duly sworn under oath, deposes and says:

- Pursuant to ORC § 319 (B)(1), I hereby request that the Putnam County Auditor remove my name from both the General Tax List and the Duplicate of Real and Public Utility Property and any electronic records available on the Internet. I hereby request that the Putnam County Auditor insert my initials in place of my name. \_\_\_\_\_ (Initials to be Used)
- I certify that I am employed at \_\_\_\_\_ (Employer Name) and in one of the following public safety sectors: (Check the Applicable Box)
 

<input type="checkbox"/> Peace Officer	<input type="checkbox"/> Parole Officer	<input type="checkbox"/> EMT
<input type="checkbox"/> Probation Officer	<input type="checkbox"/> BCI Investigator	<input type="checkbox"/> Bailiff
<input type="checkbox"/> Prosecuting Attorney	<input type="checkbox"/> Assistant Prosecuting Attorney	<input type="checkbox"/> Firefighter
<input type="checkbox"/> Correctional Employee or Officer	<input type="checkbox"/> Youth Services Employee	<input type="checkbox"/> Judge
<input type="checkbox"/> EMS Medical Director	<input type="checkbox"/> Forensic Examiner	<input type="checkbox"/> Magistrate
<input type="checkbox"/> Board of Pharmacy Employee	<input type="checkbox"/> Federal Law Enforcement Officer	
- I understand that the Putnam County Auditor may verify my current employment prior to removing my name from the General Tax List and Duplicate.
- I also understand that, pursuant to Ohio Revised Code § 319 (B)(2), the Putnam County Auditor shall inform me within five business days if and why removal and insertion is impracticable at \_\_\_\_\_ (phone number).

Further affiant sayeth naught.

\_\_\_\_\_  
(Signature)

Sworn to before me and subscribed in my presence by the above signed individual on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

Commission Expires on: \_\_\_\_\_



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# Things to Consider

1. While the Affidavit allows you to change the title of property to initials, there is no affidavit to change it back. You will be required to have a new deed created to transfer the property to the desired name.
2. Changing a title of a property may have an effect on the mortgage or insurance. It is recommended to contact your mortgage company and insurance company to make sure the change to initials will not cause any issues.
3. This application only will change the name on any current records. Any prior records or any historical information will not be changed. Historical information is available online on current records.
4. This application does not remove any addresses nor can you remove your address from any public record in the auditor's office. Other county offices may be able to remove other sensitive information.