

# The New Albany Community Authority

## APPLICATION FOR REDUCED ASSESSED VALUATION AND REFUND

1. OWNER'S NAME	_____
2. OWNER'S ADDRESS	_____
	_____
	CITY/STATE ZIP CODE
3. OWNER TELEPHONE	( ) _____
4. TAX PARCEL NUMBER (S)	_____
	_____
5. PROPERTY ADDRESS	_____
	_____
	CITY/STATE ZIP CODE
6. DATE OF VALUATION CHANGE	_____
7. DOLLAR AMOUNT OF VALUATION CHANGE	_____

OWNER'S SIGNATURE: Sign and date the application at the bottom. The application must be signed by the owner of the property or an authorized representative.

OWNER \_\_\_\_\_ DATE \_\_\_\_\_  
Signature

***Note : A copy of all documentation received from the Franklin County Board of Revision or the Ohio Board of Tax Appeals must be provided with this application in order to receive a credit.***

Mail or fax completed form and documentation to: 8000 Walton Parkway  
Suite 120  
New Albany, Ohio 43054  
Fax (614) 939-8325

### Instructions for Completing the form:

Lines 1, 2, 3 - Enter owner' full name, mailing address, and daytime telephone number.

Line 4 - Enter the Franklin County tax parcel number as shown on your tax bill. Example : 111-111111.

Line 5 - enter the full address of the property you are requesting the valuation change.

Line 6 - enter the effective date of the valuation change. This should be the Franklin County assessment date.  
Example 01/01/2011

Line 7 - enter the amount of the requested reduction in fair market value.