

CITY OF AKRON
APPLICATION FOR EXEMPTION OF ASSESSMENT
(STREET RESURFACING IMPROVEMENT)

I/We, _____ reside at
_____, Akron, Ohio 443_____

and currently hold a homestead exemption pursuant to Ohio Revised Code Chapter 323. The parcel (PM) number assigned by the Summit County Fiscal Officer to my property is _____.

I request an exemption of the special assessments applicable to my home Pursuant to City of Akron Ordinance No. 241-1988.

I/We understand that I/we are applying for an exemption. I/we further agree to cooperate with the appropriate city officials in processing this application.

RETURN THIS FORM TO:

City of Akron
Special Assessments
166 S. High St., Rm 505
Akron OH 44308

Owner Signature

Owner Signature

Date