



# County of Hamilton

**DUSTY RHODES**  
**AUDITOR**  
Homestead Division  
138 East Court Street, Room 304  
Cincinnati, Ohio 45202  
(513) 946-4099

## RESIDENCY-BASED CREDIT REMOVAL REQUEST FORM

I/We \_\_\_\_\_, currently own property located at the following address:  
**Printed Name of Owner(s)**

\_\_\_\_\_  
**Address** **Parcel or Manufactured Home Registration Number**

As of \_\_\_\_\_ **(Month/Day/Year)**, I/we will no longer be primarily residing at the property noted above. I/we request that the Hamilton County Auditor's office remove all primary residency-based property tax credits from my parcel effective January 1, \_\_\_\_\_.

My/Our primary residence is: \_\_\_\_\_  
**Address** **City** **State** **Zip** **County**

Additional Owner Note(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*If you require a letter of proof confirming that credits will be removed from your property record, please include that request in the Additional Owner Note(s) section above.

\_\_\_\_\_  
**Printed Name(s)** **Signature(s)**

\_\_\_\_\_  
**Mailing Address** **Date** **Phone Number**

\_\_\_\_\_  
**City** **State** **Zip** **E-mail Address (Optional)**