



Mahoning County Tax Map Control Form

Date: _____

Time: _____

Circle one of the following:

Deed (If Deed is circled, Is this an exempt transfer - Yes or No?)

Affidavit

*Plat

*Replat

*Split

New Survey

*Survey Consolidation

**Are taxes paid?*

Yes

No

Contact Person's Name: _____

Contact Person's Telephone Number/Email: _____

Is this on Farm Bill (CAUV)?

Yes

No

FOR TAX MAP & AUDITOR'S OFFICE USE ONLY BELOW THIS LINE:

Approved by Tax Map: Yes No	<u>Received by Auditor's Office on:</u>
Date approved: _____	Date/Time: _____
Approved by: _____	Received by: _____
If NOT approved, why: _____	
<u>Parcel numbers involved (use back if necessary):</u>	<u>Completed by Auditor's Office on:</u>
	Date/Time: _____
	Completed by: _____
	<u>Contacted by Auditor's Office on:</u>
	Date/Time: _____
	Contacted by: _____
<u>Tax Map Department Comments:</u>	

Contact signature & date/time picked up: _____

Auditor's Office signature: _____

****Please read before signing****

I UNDERSTAND THAT ONCE THIS DOCUMENT ALONG WITH ANY OTHER SPLIT/PLAT WORK IS PICKED UP FROM THE GIS/TAX MAP OFFICE, I HAVE UNTIL THE END OF THE NEXT BUSINESS DAY TO TAKE THIS TO THE AUDITOR'S OFFICE TO BE PROCESSED. IF I DO NOT TAKE IT TO THE AUDITOR'S OFFICE BY THE END OF THE NEXT BUSINESS DAY, THEN THE DOCUMENT ALONG WITH ANY OTHER SPLIT/PLAT PAPERWORK WILL NEED TO BE RETURNED TO THE GIS/TAX MAP OFFICE TO BEGIN THE PROCESS FROM THE BEGINNING. ALSO, YOU MUST RECORD THIS DOCUMENT IN THE RECORDER'S OFFICE AFTER IT IS PROCESSED IN THE AUDITOR'S OFFICE.

SIGNATURE _____

BELOW TO BE FILLED OUT BY GIS/TAX MAP OFFICE

DATE _____ TIME _____

TAX MAP SIGNATURE _____