

PLEASE MAIL TO: **County Treasury**  
2079 East Ninth Street  
Cleveland, Ohio 44115

PPN: \_\_\_\_\_

**APPLICATION FOR REAL PROPERTY TAX EXTENSION  
FOR RESERVISTS CALLED  
TO ACTIVE DUTY DURING WARTIME**

Please type or print:

Applicants Name: \_\_\_\_\_  
Last First Middle Initial

Property Owners Name(s): \_\_\_\_\_  
(As listed on deed) \_\_\_\_\_

Name of National Guard member or Reservists called to active duty:

National Guard  
Armed Forces Reserved

\_\_\_\_\_ Last First Middle Initial

**Military Orders**

Call to active service: \_\_\_\_\_ (copy **must be attached** to this application)

Release from active status: \_\_\_\_\_ (must be provided **within 6 months of release**)

Reservist is: Sole owner of property  
Spouse of owner of property  
Joint owner of property with spouse/dependent parent  
Deceased; died during active duty or from wounds/illness during active duty  
(Dependent parent eligible for tax extension).

Property Address: \_\_\_\_\_  
(House Number and Street Name)  
\_\_\_\_\_  
(City) (State) (Zip code)

Permanent Parcel Number \_\_\_\_\_ Phone Number \_\_\_\_\_

If taxes are paid by a mortgage company, please provide the following information:

Mortgage Company Name: \_\_\_\_\_ Loan # \_\_\_\_\_  
Mortgage Company Address: \_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Application must be received by the County Treasurer no later than the last day of sixth month following termination of duty.  
Payment plan must begin in seventh month to avoid penalties and interest)**

**OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_ Extension Begins: Tax Year \_\_\_\_\_ First Half \_\_\_\_ Last Half \_\_\_\_  
Date of Release from Duty: \_\_\_\_\_ Extension Ends: \_\_\_\_\_ (180 days from Release)  
Final tax period covered by extension: Tax Year \_\_\_\_\_ First Half \_\_\_\_ Last Half \_\_\_\_  
Tax Amount Due: \$ \_\_\_\_\_ Penalties (to be removed): \$ \_\_\_\_\_ Interest (to be removed): \$ \_\_\_\_\_  
Paid in Full: \_\_\_\_ Payment Contract: \_\_\_\_ Contract #: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
No. of Months: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_