



**KRISTEN M. SCALISE CPA, CFE**  
**Fiscal Officer**  
**County of Summit**

**OWNER OCCUPANCY CREDIT  
REMOVAL REQUEST FORM**

**Summit County Parcel Number:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Summit County Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Ohio Zip:** \_\_\_\_\_

As of \_\_\_\_\_ (date) the above property located in Summit County will no longer be the owner's primary residence. This is a request to remove the Owner Occupancy Credit for this parcel, effective:  
\_\_\_ Current Year \_\_\_ Next Year

**Owner's Current Primary Residence:**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Please send letter of credit removal to: \_\_\_ Summit County Address \_\_\_ Current Address

**Additional Owner comment:**

→ **Owner/Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**AUDITOR DIVISION**  
175 S. Main Street  
Akron, OH 44308  
Phone: 330.643.2710  
Fax: 330.643.2622

**RECORDING DIVISION**  
175 S. Main Street  
Akron, OH 44308  
Phone: 330.643.2712

**SERVICE DIVISION**  
1030 E. Tallmadge Ave  
Akron, OH 44310  
Phone: 330.630.7226  
Fax: 330.630.7240

**TREASURER DIVISION**  
175 S. Main Street  
Akron, OH 44308  
Phone: 330.643.2606  
Fax: 330.643.7760