

Treasurer of Huron County, Ohio

**Megan R. Bursley**

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**MILITARY EXTENSION APPLICATION FOR  
REAL ESTATE AND MANUFACTURED HOME TAXES**

Military Member _____	Branch of Service _____
Activation Date _____	(Attach copy of orders or other documentation)
UnitName/Address _____	
Supervisor's Name _____	Supervisor's Phone No. _____
Relationship to Applicant _____	Applicant's Phone No. _____

Applicant's Name \_\_\_\_\_

(If dependent parent, submit evidence of support. "Dependent parent" means a parent who, at the time the member was activated, received from the member at least half of the dependent parent's support, including food, shelter, clothing, and medical and dental care.)

Applicant's Address \_\_\_\_\_

Owner's Name (on deed or title) \_\_\_\_\_

Property Address \_\_\_\_\_

Parcel/RegistrationNumber \_\_\_\_\_

If taxes are escrowed: Mortgage Company Name \_\_\_\_\_

Mortgage Company Address \_\_\_\_\_

Loan Number \_\_\_\_\_

THE APPLICANT HEREBY AGREES TO ENTER INTO A PAYMENT PLAN TO PAY ALL UNPAID REAL ESTATE TAXES/MANUFACTURED HOME TAXES AND SPECIAL ASSESSMENTS ON THE ABOVE PROPERTY. PENALTY AND INTEREST WILL BE WAIVED ON ALL TAXES AND SPECIAL ASSESSMENTS WHILE THE RESERVIST IS ON ACTIVE DUTY.

HOWEVER, LAW REQUIRES THAT IF AN APPLICANT, UPON RETURN FROM ACTIVE DUTY, FAILS TO NOTIFY THE TREASURER'S OFFICE FOR A PAYMENT SCHEDULE, WHICH INCLUDES

PAYING CURRENT TAXES WHEN THEY BECOME DUE, ALL PRIOR STATUTORY PENALTY AND INTEREST WILL BE ADDED TO THE ABOVE PARCEL. THE PARCEL THEN IS CERTIFIED DELINQUENT AND THE TREASURER WILL USE COLLECTION METHODS ENFORCED BY THE OHIO REVISED CODE.

**THE APPLICATION MUST BE MADE NOT LATER THAN THE LAST DAY OF THE SIXTH MONTH IN WHICH THE MEMBER'S DUTY TERMINATES.**

I agree to the above terms, do hereby file this application for the extension of time to pay my real estate or manufactured home taxes on the property listed above.

\_\_\_\_\_  
(Signature of Applicant or Agent) Date: \_\_\_\_\_

<b><u>OFFICE USE ONLY</u></b>	
Approved _____	Disapproved _____
Date Discharged _____ (Required to submit discharge orders)	
Date Office Contacted _____	
Total Delinquent Taxes _____	

If you have additional questions, please contact the Treasurer's Office at 419-668-2090 or email us at [treasurer@huroncountytreasurer.org](mailto:treasurer@huroncountytreasurer.org).