Form No. SAH-RPR Prescribed by			ease of Prop	erty Record	To be filed with the Safe at Home division at the Ohio Secretary of State's office.	
					R.C. 111.431(D)(3)	
١,				, authorize th	e following	
		Participant's F	ull Legal Name	re my property record	l with	
County Name		ne	county officer to share my property record with:			
			county recorder	\Box county auditor \Box county clerk of ϕ	☐ county treasurer common pleas court	
Name of individual to whom record may be shared	1	First	Middle			
		Last		Su	ffix	
For the specific purpose of	2					
Company/Agency name (if applicable)	3					
Address of the individual you would like the county offices to send your information	4	Street Address				
		<i>.</i>	State	ZIP		
Applicant Affirmation and Signature	5	I understand that the county recorder, county auditor, county treasurer, count engineer, and county clerk of common pleas court have a statutory responsibility to keep my information confidential. I also understand that I permit the county recorder, county auditor, county treasurer, county engine and county clerk of common pleas court to disclose my complete property record to certain individuals or agencies upon my request.				
		Participa	nt Signature X			
		Today's D	ate (MM/DD/YYYY)			
CERTIFICATE OF N	ΟΤΑϜ					
Sworn to and su	ıbscrib	ed before me l	by			
on this _	on this , in the , in the today's date MM/DD/YYYY					
County of					[seal]	
Signature My commission		es on	Public for the State of Ohio			
L		UNAUTHORIZED	D DISCLOSURE OF THE CONTENTS	OF THIS FORM MAY BE A CRI	ME	