



**DEPARTMENT OF LOCAL GOVERNMENT FINANCE  
ASSESSING OFFICIAL COMPLAINT TEMPLATE – IND. CODE § 6-1.1-35.7-4(B)**

Pursuant to Ind. Code § 6-1.1-35.7-4(b), if a taxpayer has reason to believe that the township assessor, the county assessor, an employee of the township assessor or county assessor, or an appraiser has violated Ind. Code § 6-1.1-35.7-4(a) or Ind. Code § 6-1.1-35.7-3, the taxpayer may submit a written complaint to the Department of Local Government Finance. The Department shall respond in writing to the complaint within thirty (30) days. The Department may not review a written complaint submitted under Ind. Code § 6-1.1-35.7-4(b) if the complaint is related to a matter that is under appeal.

**1. Complainant Information**

First Name: <u>Chris</u>	Middle Name: <u>A.</u>	Last Name: <u>Parr</u>
Suffix:		
Other names used:		
Address: <u>2611 16th street #216</u>		
City: <u>Bedford</u>	State: <u>IN</u>	Zip Code: <u>47421</u>
Phone number (with area code): <u>812-201-2562</u>		
Email:		

2. Who is your complaint against? Monroe County Assessors office

3. Are you a taxpayer in the county or township (as applicable) that is the subject of this complaint?  
yes

4. Describe the violation of Ind. Code § 6-1.1-35.7-4(a) or Ind. Code § 6-1.1-35.7-3 you believe occurred as specifically as possible, including relevant dates and references to applicable statutes or standards of conduct. Attach additional pages if necessary. manipulation of sales data, rental rates, Co-star data, sales disclosure forms, DLGF standards implementation.

I certify that I am the named taxpayer filing this complaint and that the information in this complaint is true and correct to the best of my knowledge and belief.

Signature [Handwritten Signature]

Date 5-8-25