



Received

MAY 14 2025

DEPARTMENT OF LOCAL GOVERNMENT FINANCE DEPT OF LOCAL GOV 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: Daniel	Middle Name: S	Last Name: Gupta
Suffix:		
Other names used:		
Address: 101 E Wilson St.		
City: Bloomington	State: IN	Zip Code: 47401
Phone number (with area code): 812 318 1007		
Email: koalarentalsbl@gmail.com		

2. Who is your complaint against?

Monroe County Assessor's 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.

Code 6-1.1-35.7-3 Sec 3 (b) (8) (9) - property assessment is negligent, biased, and inaccurate. 2024 assessment for May 2025 payment.

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

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DEPT OF LOCAL GOV 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: Daniel	Middle Name: S	Last Name: Gupta
Suffix:		
Other names used:		
Address: 321 W Hillside Dr		
City: Bloomington	State: IN	Zip Code: 47403
Phone number (with area code): 812 318 1007		
Email: koalarentalsbl@gmail.com		

2. Who is your complaint against?

Monroe County Assessor's 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.

Code 6-1.1-35.7-3 Sec 3(b)(8)(a) - property assessment is negligent, biased, and inaccurate. 2024 assessment for may 2025 payment.

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1. Complainant Information

First Name: Daniel	Middle Name: S	Last Name: Gupta
Suffix:		
Other names used:		
Address: 715 N Hanover Glen		
City: Ellettsville	State: IN	Zip Code: 47429
Phone number (with area code): 812 318 1007		
Email: koalarentalsbl@gmail.com		

2. Who is your complaint against?

Monroe County Assessor's 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.

Code 6-1.1-35.7-3 Sec 3(b)(8)(9) - property assessment is negligent, biased, and inaccurate. 2024 assessment for May 2025 payment.

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1. Complainant Information

First Name: Daniel	Middle Name: S	Last Name: Gupta
Suffix:		
Other names used:		
Address: 702 N Grandview Dr		
City: Bloomington	State: IN	Zip Code: 47408
Phone number (with area code): 812 318 1007		
Email: koalarentalsbl@gmail.com		

2. Who is your complaint against?

Monroe County Assessor's Office

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

Yes

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1. Complainant Information

First Name: Daniel	Middle Name: S	Last Name: Gupta
Suffix:		
Other names used:		
Address: 5109, 5141 N. St. Rd 37 Business		
City: Bloomington	State: IN	Zip Code: 47404
Phone number (with area code): 812 318 1007		
Email: koalarentalsbl@gmail.com		

2. Who is your complaint against?

Monroe County Assessor's Office


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1. Complainant Information

First Name:	Middle Name:	Last Name:
Daniel	S	Gupta
Suffix:		
Other names used:		
Address:		
4395 W Craig Dr		
City:	State:	Zip Code:
Bloomington	IN	47404
Phone number (with area code):		
812 318 1007		
Email:		
koalarentalsbl@gmail.com		

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1. Complainant Information

First Name: Daniel	Middle Name: S	Last Name: Gupta
Suffix:		
Other names used:		
Address: 4393 N Stuart Rd		
City: Bloomington	State: IN	Zip Code: 47404
Phone number (with area code): 812 318 1007		
Email: koalarentalsbl@gmail.com		

2. Who is your complaint against?

Monroe County Assessor's Office

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1. Complainant Information

First Name: Daniel	Middle Name: S	Last Name: Gupta
Suffix:		
Other names used:		
Address: 3886 S Cramer Circle		
City: Bloomington	State: IN	Zip Code: 47403
Phone number (with area code): 812 318 1007		
Email: koalarentalsbl@gmail.com		

2. Who is your complaint against?

Monroe County Assessor's Office

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1. Complainant Information

First Name:	Middle Name:	Last Name:
Daniel	S	Gupta
Suffix:		
Other names used:		
Address:		
3884 S Cramer Circle		
City:	State:	Zip Code:
Bloomington	IN	47403
Phone number (with area code):		
812 318 1007		
Email:		
koalarentalsbl@gmail.com		

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1. Complainant Information

First Name: Daniel	Middle Name: S	Last Name: Gupta
Suffix:		
Other names used:		
Address: 3882 S Cramer Circle		
City: Bloomington	State: IN	Zip Code: 47403
Phone number (with area code): 812 318 1007		
Email: koalarentalsbl@gmail.com		

2. Who is your complaint against?

Monroe County Assessor's Office

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1. Complainant Information

First Name:	Daniel	Middle Name:	S	Last Name:	Gupta
Suffix:					
Other names used:					
Address:	3880 S Cramer Circle				
City:	Bloomington	State:	IN	Zip Code:	47403
Phone number (with area code):	812 318 1007				
Email:	koalarentalsbl@gmail.com				

2. Who is your complaint against?

Monroe County Assessor's Office

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

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1. Complainant Information

First Name: Daniel	Middle Name: S	Last Name: Gupta
Suffix:		
Other names used:		
Address: 3878 S Cramer Circle		
City: Bloomington	State: IN	Zip Code: 47403
Phone number (with area code): 812 318 1007		
Email: koalarentalsbl@gmail.com		

2. Who is your complaint against?

Monroe County Assessor's Office

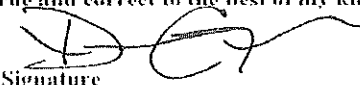
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1. Complainant Information

First Name: Daniel	Middle Name: S	Last Name: Gupta
Suffix:		
Other names used:		
Address: 3725 S Cramer Circle		
City: Bloomington	State: IN	Zip Code: 47403
Phone number (with area code): 812 318 1007		
Email: koalarentalsbl@gmail.com		

2. Who is your complaint against?

Monroe County Assessor's Office

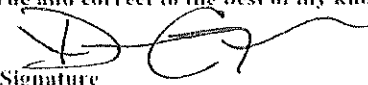
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1. Complainant Information

First Name: Daniel	Middle Name: S	Last Name: Gupta
Suffix:		
Other names used:		
Address: 3721 S Cramer Circle		
City: Bloomington	State: IN	Zip Code: 47403
Phone number (with area code): 812 318 1007		
Email: koalarentalsbl@gmail.com		

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Suffix:		
Other names used:		
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City: Bloomington	State: IN	Zip Code: 47403
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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.

Code 6-1.1-35.7-3 Sec 3(b)(3)(9) - property assessment is negligent, biased, and inaccurate. 2024 assessment for may 2025 payment.

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

5/14/2025  
Date

Received

MAY 14 2025

DEPT OF LOCAL  
GOV FINANCE



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: Daniel	Middle Name: S	Last Name: Gupta
Suffix:		
Other names used:		
Address: 3709 S Cramer Circle		
City: Bloomington	State: IN	Zip Code: 47403
Phone number (with area code): 812 318 1007		
Email: koalarentalsbl@gmail.com		

2. Who is your complaint against?

Monroe County Assessor's 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.

Code 6-1.1-35.7-3 Sec 3(b)(8)(9) - property assessment is negligent, biased, and inaccurate. 2024 assessment for May 2025 payment.

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

Date 5/14/2025

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DEPARTMENT OF LOCAL GOVERNMENT FINANCE  
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1. Complainant Information

First Name:	Daniel	Middle Name:	S	Last Name:	Gupta
Suffix:					
Other names used:					
Address:	3131 N Kinser Pike				
City:	Bloomington	State:	IN	Zip Code:	47404
Phone number (with area code):	812 318 1007				
Email:	koalarentalsbl@gmail.com				

2. Who is your complaint against?

Monroe County Assessor's Office

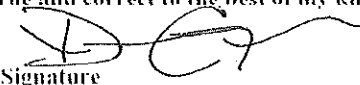
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Yes

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Code 6-1.1-35.7-3 Sec 3(b)(3)(a) - property assessment is negligent, biased, and inaccurate. 2024 assessment for may 2025 payment.

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Signature

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Date



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ASSESSING OFFICIAL COMPLAINT TEMPLATE – IND. CODE § 6-1.1-35.7-3(B)

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1. Complainant Information

First Name:	Middle Name:	Last Name:
Daniel	S	Gupta
Suffix:		
Other names used:		
Address:		
1310/1312 S Lincoln St		
City:	State:	Zip Code:
Bloomington	IN	47401
Phone number (with area code):		
812 318 1007		
Email:		
koalarentalsbl@gmail.com		

2. Who is your complaint against?

Monroe County Assessor's 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.

Code 6-1.1-35.7-3 sec 3(b)(3)(A) - property assessment is negligent, biased, and inaccurate. 2024 assessment for May 2025 payment.

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Signature

5/14/2025  
Date



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DEPARTMENT OF LOCAL GOVERNMENT FINANCE DEPT OF LOCAL GOV. FINANCE  
ASSESSING OFFICIAL COMPLAINT TEMPLATE – IND. CODE § 6-1.1-35.7-3

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1. Complainant Information

First Name: Daniel	Middle Name: S	Last Name: Gupta
Suffix:		
Other names used:		
Address: 1232 W 10th St		
City: Bloomington	State: IN	Zip Code: 47404
Phone number (with area code): 812 318 1007		
Email: koalarentalsbl@gmail.com		

2. Who is your complaint against?

Monroe County Assessor's Office

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

Yes

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1. Complainant Information

First Name: Daniel	Middle Name: S	Last Name: Gupta
Suffix:		
Other names used:		
Address: 1212 S Lincoln St		
City: Bloomington	State: IN	Zip Code: 47401
Phone number (with area code): 812 318 1007		
Email: koalarentalsbl@gmail.com		

2. Who is your complaint against?

Monroe County Assessor's Office

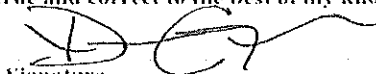
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ASSESSING OFFICIAL COMPLAINT TEMPLATE – IND. CODE § 6-1.1-35.7-4(B)

DEPT OF LOCAL  
GOV FINANCE

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1. Complainant Information

First Name: Daniel	Middle Name: S	Last Name: Gupta
Suffix:		
Other names used:		
Address: 1208 W 15 <sup>th</sup> St ; N Hancock Rd (parcel 53-05-32-201-095.000-005)		
City: Bloomington	State: IN	Zip Code: 47404
Phone number (with area code): 812 318 1007		
Email: koalarentalsbl@gmail.com		

2. Who is your complaint against?

Monroe County Assessor's Office

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

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