

The purpose of Section 2 is for the property owner/taxpayer (or attorney) to affirm that the information is correct and has been properly submitted, and whether the taxpayer intends to appear at the hearing.

Telephone:

847-555-9876

City, State, ZIP:

Anytown, IL 69999

Section 2: Oath (required) I swear or affirm that:

- I am the taxpayer of record or owner for the above-captioned property, or the duly authorized attorney for owner/taxpayer; and
- The statements made and the facts set forth in the foregoing complaint are true and correct to the best of my knowledge; and
- If I am the attorney for the owner/taxpayer, I have attached a properly executed power of attorney; and
- **Check if applicable:** I am seeking a reduction of \$100,000 or more of equalized assessed value, and I understand that local taxing districts will be notified of this complaint and given opportunity to intervene in the proceedings; if this box is not checked, I hereby waive the right to a reduction of \$100,000 or more at the Board of Review for this taxable year.

Taxpayer or attorney signature

Print Name

Date

E-Mail Address:

@

- Check one: I would like the Board of Review to determine the correct assessment based on the evidence submitted without my appearing before the Board.
- I will appear before the Board of Review at a hearing; I understand that I cannot submit any additional evidence (except through the Board of Review web site within 14 days of the filing deadline) after this filing.

7 8 9

Tip:
Don't forget to sign & date your complaint; unsigned complaints cannot be processed!

Tip:
Remember to file your complaint on or before your township's deadline; we cannot process complaints received after the deadline!

Fin... ewey, Cheatham & Howe
Telep... 847-555-9876

Section 1 (required) I swear or affirm that:

- I am the taxpayer of record or owner for the above-captioned property, or the duly authorized attorney for owner/taxpayer; and
- The statements made and the facts set forth in the foregoing complaint are true and correct to the best of my knowledge; and
- If I am the attorney for the owner/taxpayer, I have attached a properly executed power of attorney; and
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John Q. Public Taxpayer or attorney signature

John Q. Public Print Name

7/5/2018 Date

E-Mail Address: _____ @ _____

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I will appear before the Board of Review at a hearing; I understand that I cannot submit any additional evidence (except through the Board of Review web site within 14 days of the filing deadline) after this filing.

Section 1: Property Identification (required)

Parcel No. 01-23-456-789

Property Address: 123 Main Street

Property City, State, ZIP: Anytown, IL 69999

Owner of Record: John Q. Public Trust

Mailing Address: P.O. Box 999

Mailing City, State, ZIP: Anytown, IL 69999

Daytime Telephone: 630-555-1234

Check all that apply: Property occupied by owner Property occupied by tenant(s) Property is vacant _____%

Note: All corporate owners/taxpayers must be represented by an attorney licensed to practice law in Illinois. If owner/taxpayer is represented by an attorney licensed to practice law in Illinois, please fill out the following information (attorney is required; otherwise, the complaint will be returned.)

Please add your e-mail address here.

John Q. Public, Esq. IL ARDC Registration No.: 1234567

Howe Address: 995 Park Ave.

City, State, ZIP: Anytown, IL 69999

Telephone: 847-555-1234

Section 2: Oath (required) I swear that:

- I am the taxpayer of record or owner of the above-captioned property, or the duly authorized attorney for owner/taxpayer; and
- The statements made and the facts set forth in the foregoing complaint are true and correct to the best of my knowledge; and
- If I am the attorney for the owner/taxpayer, I have attached a properly executed power of attorney; and
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John Q. Public
Taxpayer or attorney signature

John Q. Public
Print Name

7/5/2018
Date

E-Mail Address: JQPublic @ domain.com

- Check one: I would like the Board of Review to determine the correct assessment based on the evidence submitted without my appearing before the Board.
- I will appear before the Board of Review at a hearing; I understand that I cannot submit any additional evidence (except through the Board of Review web site within 14 days of the filing deadline) after this filing.

Tip: You don't have to appear before the Board unless you want to do so (remember, you will not be permitted to present additional evidence at the hearing). If you want the Board to consider your complaint without an oral hearing, check this box.

Attorney Name: _____, Esq. IL ARDC Registration No.: 1234567

Firm Name: D. & Howe Address: 995 Park Ave.

Telephone: 76 City, State, ZIP: Anytown, IL 69999

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- The statements set forth in the foregoing complaint are true and correct to the best of my knowledge; and
- If I am the attorney for owner/taxpayer, I have attached a properly executed power of attorney; and
- **Check if applying for a reduction of \$100,000 or more of equalized assessed value, and I understand that local taxing districts have been notified of this complaint and given opportunity to intervene in the proceedings; if this box is not checked, I hereby waive my right to a reduction of \$100,000 or more at the Board of Review for this taxable year.**

John Q. Public Taxpayer or attorney signature John Q. Public Print Name 7/5/2017 Date

E-Mail Address: JQPublic @ domain.com

Check one: I would like the Board of Review to determine the correct assessment based on the evidence submitted without my appearing before the Board.
 I will appear before the Board of Review at a hearing; I understand that I cannot submit any additional evidence (except through the Board of Review web site within 14 days of the filing deadline) after this filing.

If you do want to appear before the Board, check this box and you will receive a notice with a day and time to appear. Due to the volume of hearings and the time constraints of the property tax cycle, the Board of Review cannot reschedule hearings under any circumstance.

Firm Name: De... Howe Address: 995 Park Ave.
Telephone: _____ City, State, ZIP: Anytown, IL 69999

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- I am the taxpayer of the above-captioned property, or the duly authorized attorney for owner/taxpayer; and
- The statements set forth in the foregoing complaint are true and correct to the best of my knowledge; and
- If I am the attorney for the taxpayer, I have attached a properly executed power of attorney; and
- **Check if applying for a reduction of \$100,000 or more of equalized assessed value, and I understand that local taxing districts have been notified of this complaint and given opportunity to intervene in the proceedings; if this box is not checked, I hereby waive my right to a reduction of \$100,000 or more at the Board of Review for this taxable year.**

John Q. Public Taxpayer or attorney signature John Q. Public Print Name 7/5/2017 Date
JQPublic E-Mail Address @ domain.com

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 I will appear before the Board of Review at a hearing; I understand that I cannot submit any additional evidence (except through the Board of Review web site within 14 days of the filing deadline) after this filing.

Questions?



Visit

www.KaneCountyAssessments.org

or call (630) 208-3818.