

DUPAGE COUNTY BOARD OF REVIEW 421 N. COUNTY FARM RD., WHEATON, IL 60187 630-407-5888
COMMERCIAL / INDUSTRIAL REAL ESTATE ASSESSMENT APPEAL FOR YEAR 2019

_____ (ONE Parcel Per Form) APPEAL NO. _____
PERMANENT PARCEL NUMBER PENDING PTAB DOCKET NO. _____
(if applicable)

FILING THIS APPEAL IS NOT A PROTEST OF TAXES. THIS APPEAL ASSURES YOU OF A HEARING RELATIVE TO THE ASSESSMENT OF YOUR PROPERTY AS PLACED BY THE TOWNSHIP ASSESSOR AND/OR SUPERVISOR OF ASSESSMENTS.

FAILURE TO PROPERLY COMPLETE THIS FORM MAY RESULT IN DISMISSAL OF YOUR APPEAL

SUBJECT PROPERTY STREET ADDRESS _____

CITY/VILLAGE/POSTAL SERVICE PROVIDER _____

NAME (PROPERTY OWNER ONLY) _____

DATE _____

(ATTY INFO-FILL IN AT BOTTOM)

ADDRESS _____

PHONE _____

CITY/VILLAGE, STATE & ZIP _____

BUSINESS PHONE _____

EMAIL ADDRESS _____

FAX # _____

The present Assessment is HIGHER / LOWER , than the assessment of comparable properties.

This appeal is based on: (Please check appropriate box or boxes)

Property Type: Commercial Industrial Office Vacant Land

Recent Sale Comparable Sales Income Assessment Equity Other _____ No. of Bldgs _____

Recent Construction Recent Appraisal Contention of Law Land Size _____ Bldg Size _____ No. of Floors _____

(PROPOSED ASSMT. MUST BE FILLED IN)

Appellant's proposed assessment of said property _____ Assessor's AV _____

Appellant's opinion of fair market value of the year in question _____ Assessor's MV _____

Purchase Date _____ Owner Occupied

Purchase Price _____ Leased - Provide & attach current rent roll, all leases & lessee's tax participation.

PLEASE NOTE: **ALL DOCUMENTATION MUST BE SUBMITTED IN DUPLICATE (2 COPIES) AT TIME OF FILING.**

PLEASE PROVIDE CERTIFIED COPIES OF DETAILED INCOME AND EXPENSE STATEMENTS FROM PRIOR 3 YEARS IN

DUPLICATE. OATH: I do solemnly confirm that the statement made and facts set forth in the foregoing complaint are true and correct.

IF REPRESENTED BY AN AGENT/ATTORNEY, OWNER'S SIGNATURE OR SEPARATE LETTER OF AUTHORIZATION IS REQUIRED TO FILE THIS APPEAL. 2 COPIES OF THE AUTHORIZATION MUST BE SUBMITTED WITH THIS FILING OR A HEARING WILL NOT BE SCHEDULED.

AUTHORIZATION ATTACHED (PLEASE CHECK)

EVIDENCE ATTACHED (PLEASE CHECK)

OWNER SIGN HERE _____

PRESENT ASSESSMENT

Please Fill In

LAND _____

BLDG _____

TOTAL _____

PRORATE _____

NEW CONSTR _____

DESTRUCTION _____

I WILL ATTEND HEARING

I WILL NOT ATTEND BUT PRESERVE RIGHT TO APPEAL TO PTAB

ACTION OF BOARD OF REVIEW

LAND _____

BLDG _____

TOTAL _____

PRORATE _____

NEW CONSTR _____

DESTRUCTION _____

BY: _____

MEMBER

MEMBER

MEMBER

AGENT/ATTY NAME (Please Print) _____

AGENT/ATTY SIGNATURE _____

FIRM/COMPANY _____

AGENT/ATTY ADDRESS _____

CITY, STATE, ZIP _____

AG/ATTY PHONE/FAX _____

AGENT/ATTY E-MAIL ADDRESS _____