Section 1: Property Identification (requestreel No. 01-23-45	6 7 8 9 Owner of Record:	John Q. Public Trust P.O. Box 999			
Do not complete Section 2 until all other sections are completed.					
Attorney Name: Rahliegh Chec	tham, ESq. IL ARDC Registra	123456/			
Telephone: Dewey, Cheatha 847-555-98	Address:	Anytown, IL 69999			
I hereby waive the right to a reduction of \$1 • Select Hearing Option: Standard Hearing: I will appear before time of the hearing. I understand that fa submit any additional evidence (except	above-captioned property, or the duly a in the foregoing complaint are true and of I have attached a properly executed power action of \$100,000 or more of equalized laint and given opportunity to intervene 00,000 or more at the Board of Review the Board either by telephone or video callure to appear can lead to a dismissal of through the Board of Review web site were supported to the sound of	correct to the best of my knowledge; and ver of attorney; and assessed value, and I understand that local in the proceedings; if this box is not checked, for this taxable year. conference; please notify me of the date and of the complaint. I understand that I cannot			
Taxpayer or attorney signature	Print Name	Date			
E-Mail Address:					

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: ______ City, State, Zir: ______

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. • Select Hearing Option: Standard Hearing: I will appear before the Board either by telephone or video conference; please notify me of the date and time of the hearing. I understand that failure to appear can lead to a dismissal of the complaint. I understand that I cannot submit any additional evidence (except through the Board of Review web site within 14 days of Streamlined Hearing: Please determine the correct assessment based on written evidence submitted by all parties without an appearance before the Board. Print Name Taxpayer or attorney signature Date E-Mail Address:

John O Public Trust

You swear or affirm that:

- 1. You have standing to file this complaint.
- 2. Everything you say is true.
- 3. Power of Attorney is attached (if applicable).
- 4. You are not seeking a reduction in excess of \$100,000 of equalized assessed value unless indicated.

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. • Select Hearing Option: Standard Hearing: I will appear before the Board either by telephone or video conference; please notify me of the date and time of the hearing. I understand that failure to appear can lead to a dismissal of the complaint. I understand that I cannot submit any additional evidence (except through the Board of Review web site within 14 days of Streamlined Hearing: Please determine the correct assessment based on written evidence submitted by all parties without an appearance before the Board. Taxpayer or attorney signature Print Name Date E-Mail Address:

Tip: All hearings will be remote; you will need either a telephone or a computer for a videoconference.

You don't have to appear in a hearing before the Board unless you want to do so (remember, you cannot present additional evidence at the hearing). If you want the Board to consider your complaint without appearing before the Board, check this box.

 I am the taxpay The statement If I am the a 		authorized attorney for owner/taxpayer; and decorrect to the best of my knowledge; and ower of attorney; and
• Check if a taxing dig	seeking a reduction of \$100,000 or more of equalization of this complaint and given opportunity to interven to a reduction of \$100,000 or more at the Board of Review	e in the proceedings; if this box is not checked,
of the hearing	I will appear before the Board either by telephone or video I understand that failure to appear can lead to a dismissal nal evidence (except through the Board of Review web site	of the complaint. I understand that I cannot
Streamlined Hearing appearance before	ng: Please determine the correct assessment based on writte the Board.	en evidence submitted by all parties without an
Taxpayer or attorney sign	ature Print Name	Date
E-Mail Address:	<u></u>	

If you do want to appear before the Board in a telephone or video conference, 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.

Telephone.	City, State, Zir.			
Section 2: O				
	regoing complaint are true and	authorized attorney for owner/taxpayer; and d correct to the best of my knowledge; and ower of attorney; and		
	given opportunity to intervent or more at the Board of Review of either by telephone or vide appear can lead to a dismissal	o conference; please notify me of the date and l of the complaint. I understand that I cannot		
Streamlined Hearing: Please determine the correct assessment based on written evidence submitted by all parties without an appearance before the Board.				
Taxpayer or attorney signature	Print Name	Date		
E-Mail Address:	<u> </u>			

Tip: Don't forget to sign	7 8	Remember to	
& date your complaint; unsigned complaints cannot be processed! Firm ewey, Cheatham 847-555-9876	st be resed to protocolor taxpayem, E	township's de	or before your eadline; we ss complaints the deadline!
 The state If I am the sy for the owner/taxpayer, I have taxing district I hereby was a select Hearing Standard time of the submit any ade and the facts set forth in the sy for the owner/taxpayer, I have the owner/taxpayer the owner/t	ve-captioned e foregoing ve attached a on of \$100,0 and given of 00 or more Board either e to appear of ugh the Board	d property, or the duly authorized at complaint are true and correct to the properly executed power of attornation of the property of equalized assessed very population of the process of the Board of Review for this taxage by telephone or video conference; can lead to a dismissal of the compland of Review web site within 14 days sesment based on written evidence segments.	e best of my knowledge; and ey; and alue, and I understand that local sedings; if this box is not checked, able year. please notify me of the date and aint. I understand that I cannot ys of
John Q. Public Taxpayer or attorney signature	Print 1	John Q. Public Name	7/5/2023 Date
E-Mail Address:		<u>@</u>	

Section 1: Property Identification (r	equired) Owner of Record:	John Q. Public Trust
Parcel No. 0 1 - 2 3 - 4	5 6 - 7 8 9 Mailing Address:	D.O. Day 000
Property Address: 123 Main S	Mailing City, Stat	e, ZIP: Anytown, IL 69999
Property City, State, ZIP: Anytow	n, IL 69999 Telephone Number	er: 630-555-1234
If owner/taxpayer is represented by an att (A power of attorney signed by an owner of Rahliegh Ch	Property occupied by tent payers must be represented by an attorn torney licensed to practice law in Illinois, play of record or taxpayer is required; otherwise reatham, Esq. IL ARDC Registre ham & Howe Address:	ease fill out the following information e, the complaint will be returned.) 1234567 ation No.:
	Address:	4 my + aug TI 60000
Telephone: 847-555-9	98/6 City, State, ZIP: _	Anytown, IL 69999
1 1 4 6 4 /4	Please add your e address here.	and
taxing districts will be notified of this of I hereby waive the right to a reduction of Select Hearing Option: Standard Hearing: I will appear bettime of the hearing. I understand the submit any additional evidence (exceeding the submit any additional evidence). Streamlined Hearing: Please determands appearance before the Board.	fore the nat failur cept three Board of Review Board of Review as fore the nate of the Board of Review web site	e, and I understand that local in the proceedings; if this box is not checked, of for this taxable year. conference; please notify me of the date and of the complaint. I understand that I cannot within 14 days of the evidence submitted by all parties without an
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Questions?



Visit <u>Assessments.KaneCountyIL.gov</u> or call (630) 208-3818.