

Section 1: Property Identification (required)

Parcel No.

01-23-456-789

Owner of Record:

John Q. Public Trust

Mailing Address:

P.O. Box 999

Do not complete Section 2 until all other sections are completed.

Attorney Name:

Rahliegh Cheatham, Esq.

IL ARDC Registration No.:

1234567

Firm Name:

Dewey, Cheatham & Howe

Address:

995 Park Ave.

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.
- **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:

@

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, ZIP: _____

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- 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.
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 - ☐ 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: _____@_____

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.**

Telephone: _____ City, State, Zip: _____

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- 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 taxpayer, owner of the above-captioned property, or the duly authorized attorney for owner/taxpayer; and
- The statements made in the foregoing complaint are true and correct to the best of my knowledge; and
- If I am the attorney for taxpayer, I have attached a properly executed power of attorney; and
- **Check if a Streamlined Hearing is requested.** I am seeking 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 consent to a reduction of \$100,000 or more at the Board of Review for this taxable year.
- **Select a 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 the hearing).
 - ☒ 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: _____@_____

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, ZIP: _____

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- The statements and facts set forth in the foregoing complaint are true and correct to the best of my knowledge; and
- If I am the owner/taxpayer, I have attached a properly executed power of attorney; and
- **Check the following:** ☐ 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:

**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!**

Firm

Teleph

Lewey, Cheatham & Ho

847-555-9876

Section (required) I swear or affirm that:

- I am the owner 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.
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 - ☒ Streamlined Hearing: Please determine the correct assessment based on written evidence submitted by all parties without an appearance before the Board.

John Q. Public

Taxpayer or attorney signature

John Q. Public

Print Name

7/5/2023

Date

E-Mail Address: _____@_____

Section 1: Property Identification (required)Parcel No. 01-23-456-789

Owner of Record:

John Q. Public Trust

Mailing Address:

P.O. Box 999Property Address: 123 Main Street

Mailing City, State, ZIP:

Anytown, IL 69999Property City, State, ZIP: Anytown, IL 69999

Telephone Number:

630-555-1234Check all that apply: ☒ Property occupied by owner ☐ Property occupied by tenant(s) for total monthly rent of \$**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

(A power of attorney signed by an owner of record or taxpayer is required; otherwise, the complaint will be returned.)

Attorney Name: Rahliegh Cheatham, Esq.IL ARDC Registration No.: 1234567Firm Name: Dewey, Cheatham & HoweAddress: 995 Park Ave.Telephone: 847-555-9876City, State, ZIP: Anytown, IL 69999**Section 2: Oath (required)** I swear or affirm that:

- I am the taxpayer of record or owner of the property
- The statements made and the facts set forth are true to the best of my knowledge; and
- If I am the attorney for the owner/taxpayer, I am duly licensed to practice law in Illinois.

- **Check if applicable:** ☐ I am seeking a reduction of value for the property. I hereby waive the right to a reduction of \$100,000.

Select Hearing Option:

- ☐ **Standard Hearing:** I will appear before the Board of Review 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 the hearing).
- ☒ **Streamlined Hearing:** Please determine the assessment based on written evidence submitted by all parties without an appearance before the Board.

Please add your e-mail address here.John Q. Public

Taxpayer or attorney signature

John Q. Public

Print Name

7/5/2023

Date

E-Mail Address:

JQPublic@domain.com

Questions?



Visit

Assessments.KaneCountyIL.gov

or call (630) 208-3818.