

Section 1: Property Identification (required)

Owner of Record: **John Q. Public Trust**

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: _____

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 do not require an appearance on this complaint; the Board of Review may determine the correct assessment based on the written evidence submitted by all parties without an appearance before the Board.

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 filing deadline) after this filing.

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:

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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.

Taxpayer or attorney signature

Print Name

Date

E-Mail Address: _____ @ _____

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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: *Law, Cheatham & Ho*
Telephone: *847-555-9876*

Section 2 (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.

John Q. Public

Taxpayer or attorney signature

John Q. Public

Print Name

7/5/2023

Date

E-Mail Address: _____ @ _____

Check one: I do not require an appearance on this complaint; the Board of Review may determine the correct assessment based on the written evidence submitted by all parties without an appearance before the Board.

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 filing deadline) after this filing.

Section 1: Property Identification (required)

Parcel No. 01-23-456-789 Owner of Record: John Q. Public Trust
Mailing Address: P.O. Box 999
Property Address: 123 Main Street Mailing City, State, ZIP: Anytown, IL 69999
Property City, State, ZIP: Anytown, IL 69999 Telephone Number: 630-555-1234

Check 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 you are an attorney licensed to practice law in Illinois, please fill out the following information
(If you are a taxpayer, a taxpayer is required; otherwise, the complaint will be returned.)

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

John Q. Howe Address: 995 Park Ave.

Telephone: 847-555-1234 City, State, ZIP: Anytown, IL 69999

Please add your e-mail address here.

Section 2: Oath (required) I swear under penalty of perjury 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
- **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.

John Q. Public

Taxpayer or attorney signature

John Q. Public

Print Name

7/5/2023

Date

E-Mail Address: JQPublic @ domain.com

Check one: I do not require an appearance on this complaint; the Board of Review may determine the correct assessment based on the written evidence submitted by all parties without an appearance before the Board.

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 filing deadline) after this filing.

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, the owner of the real property, the owner of the real property described in the foregoing complaint, 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 the owner, 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 the right to file a 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 7/5/2023 Date
E-Mail Address: JQPublic @ domain.com

- Check one: I do not require an appearance on this complaint; the Board of Review may determine the correct assessment based on the written evidence submitted by all parties without an appearance before the Board.
- 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 filing deadline) after this filing.

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.

Section 2: Oath

- I am the taxpayer 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 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

John Q. Public

7/5/2023

Taxpayer or attorney signature

Print Name

Date

E-Mail Address

JQPublic

@

domain.com

Check one: I do not require an appearance on this complaint; the Board of Review may determine the correct assessment based on the written evidence submitted by all parties without an appearance before the Board.

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Questions?



Visit

www.KaneCountyAssessments.org

or call (630) 208-3818.