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) **(ATTY INFO-FILL IN AT BOTTOM)**

DATE

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

_____

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

PRESENT ASSESSMENT - Please Fill In

LAND_____

BLDG_____

TOTAL 0

PRORATE_____

NEW CONSTR_____

DESTRUCTION_____

☐ **I WILL ATTEND HEARING**

☐ **I WILL NOT ATTEND BUT PRESERVE RIGHT TO APPEAL TO PTAB**

2019-05-14 Form 82-11-3

ACTION OF BOARD OF REVIEW

LAND_____

BLDG_____

TOTAL_____

PRORATE_____

NEW CONSTR_____

DESTRUCTION_____

BY:_____ **MEMBER**

_____ **MEMBER**

_____ **MEMBER**