

**2016 REAL ESTATE ASSESSED VALUATION COMPLAINT
THE BOARD OF REVIEW OF COOK COUNTY**

MICHAEL M. CABONARGI
COMMISSIONER

DAN PATLAK
COMMISSIONER

LARRY R. ROGERS, JR.
COMMISSIONER

TYPE OR PRINT ALL INFORMATION. COMPLY WITH BOARD RULES AND REGULATIONS IN FILLING OUT THIS FORM.

Name of Appellant _____
 Address of Appellant _____
 City _____ State _____ Zip _____
 Phone: _____ Fax: _____
 Email Address _____

STATUS OF APPELLANT

Owner	Former Owner Liable for Tax	Tenant Liable for Tax	Taxing Body or Taxpayer Alleging Underassessment	
Beneficiary of Trust	Executor	Other (Explain) _____		
Is this an appeal of an omitted assessment?	Yes	No	_____	
Do you plan to submit additional evidence?	Yes	No	_____	

LOCATION AND IDENTIFICATION OF REAL ESTATE

Address _____ City _____ Township _____
 SAME AS ABOVE _____
 Description of Property: Single Family 6 Apartments or Less Over 6 Apartments Co-op
 Commercial Industrial Townhome Other
 Mixed Use Vacant Land Condo
 If purchased on or after January 1, 2013. Year Purchased _____ Purchase Price \$ _____

The undersigned Appellant states that the above described real estate is OVERASSESSED by the Assessor of Cook County for the year 2016.
I REQUEST A HEARING BEFORE THE COOK COUNTY BOARD OF REVIEW, 118 N. CLARK ST., CHICAGO **If yes, check box.**

NOTICE TO APPELLANT: If you requested a hearing, you will be notified by mail of the time and place of your hearing. You must be prepared at that time to present any evidence in support of your claim. Please see the rules of the Board which govern all appeals. If you do not request a hearing, your complaint will be adjudicated based on the written evidence submitted on your behalf and information available to the Board of Review.

The undersigned states that he/she has read the above complaint, has personal knowledge of the contents thereof, and the same is true in substance and in fact, and further so certifies under the penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure.

Signature of Appellant or Attorney

ATTORNEYS ONLY

ATTORNEY'S CERTIFICATION: I, _____
 ATTORNEY'S NAME (PRINTED OR TYPED) LAW FIRM

_____, certify that I have obtained from
 LAW FIRM ADDRESS CITY ZIP PHONE

 APPELLANT TITLE OR POSITION (1) explicit authorization to file this 2015 assessment complaint and (2) the
 Appellant's assurance that I am the only attorney so authorized.

Attorney fax number Attorney signature Board Atty Code

Attorney Email address: _____

www.cookcountyboardofreview.com

BOARD OF REVIEW ORIGINAL

COMPLAINT NO. _____

Received & Checked by: _____

List in ascending order all Permanent Index Numbers of related parcels of the property owned by Appellant.

PROPERTY INDEX NUMBER
DO NOT LIST COMPARABLES BELOW

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
0. _____
1. _____
2. _____
3. _____
4. _____
5. _____

IMPORTANT NOTICE

The Cook County Board of Review is a quasi-judicial agency. Only licensed attorneys and individual taxpayers representing themselves may practice before the Board. Board Rule 1. Non-attorneys may not complete complaint forms or present an appeal on a taxpayer's behalf before the Board because it is considered the unauthorized practice of law. *In Re Yamaguchi*, 118 Ill.2d 417 (1987). Any complaint completed or presented by a non-attorney in the course of representation of a taxpayer may be denied or voided for lack of jurisdiction.

DO NOT LIST COMPARABLES BELOW
 COMPLAINT NO.
 Received & Checked by:

List in ascending order all Permanent Index Numbers of related parcels of the property owned by the appellant.

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PERMANENT INDEX NUMBER	VOLUME
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VOLUME	PERMANENT INDEX NUMBER	VOLUME
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PLEASE MAIL FORM(S) TO:
COOK COUNTY BOARD OF REVIEW
118 N. CLARK STREET ROOM 601
CHICAGO, IL 60602

PLEASE WRITE
“COMPLAINT FORM”
ON THE ENVELOPE