



Residential/Farm Assessment Complaint for 2016 Page 1 of 2

KANE COUNTY BOARD OF REVIEW

719 South Batavia Avenue, Building C
Geneva, Illinois 60134-3000
(630) 208-3818
www.KaneCountyAssessments.org

STOP BOARD USE ONLY
Postmark Date _____ Complaint No. _____
Use Code _____ Tax Code _____
Hearing Date _____ Hearing Time _____

- Instructions**
- The assessment complaint process is governed by the Board of Review's Rules and Procedures, which can be found at www.KaneCountyAssessments.org/rules.pdf. The taxpayer is responsible for reviewing these rules prior to filing a complaint.
 - This form must be filed no more than 30 days from the date of publication required under 35 ILCS 200/12-10.
 - All evidence must either accompany this complaint form, or be submitted electronically at www.KaneCountyAssessments.org no more than 14 calendar days after final filing deadline. The Board will not accept additional written documentation after the filing is made except as provided in the Rules and Procedures.
 - Publication dates, filing deadlines, and evidence deadlines are available at www.KaneCountyAssessments.org/Appeal.htm.
 - If the complaint has more than one page, do not use staples or other bindings; use paper clips or binder clips instead.**
 - Corporate taxpayers and owners (including LLCs) must be represented by an attorney licensed to practice law in Illinois.
 - Video instructions for filling out this form are available at www.KaneCountyAssessments.org/AssessmentComplaint.htm.
 - The taxpayer must appear before the Board unless the proper box at the bottom of this page (below the signature) is checked.
 - Questions about this form or the Board's Rules and Procedures may be directed to the Board office at (630) 208-3818.

Section 1: Property Identification (required)

Parcel No. - - - Owner of Record: _____

Mailing Address: _____

Property Address: _____ Mailing City, State, ZIP: _____

Property City, State, ZIP: _____ Daytime Telephone: _____

Check all that apply: Property occupied by owner Property occupied by tenant(s) Property is vacant _____%

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: _____ IL ARDC Registration No.: _____

Firm Name: _____ Address: _____

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 Assessor Evidence to: _____@_____

Check one: I would like the Board of Review to determine the correct assessment based on the evidence submitted without my appearing before the Board.
 I will appear before the Board of Review at a hearing; 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 3: Reason for Assessment Complaint (required) *Check all that apply*

- 1. **Overvaluation** My property's Equalized Assessed Valuation (EAV) is greater than 1/3 its Fair Cash Value (must provide at least three sale comparables in Section 4 and/or attach complete appraisal report; see Rule D of *Rules and Procedures*).
- 2. **Equity** My property's Equalized Assessed Valuation (EAV) is greater than the 2016 EAVs of other comparable properties in the neighborhood (must provide at least three EAV comparables in Section 4; see Rule E of *Rules and Procedures*).
- 3. **Discrepancy in Physical Data** My property's Equalized Assessed Valuation (EAV) was based on a property record card description that contains a discrepancy from the actual physical data for my property (must attach explanation of discrepancy and must state the valuation sought; see Rule F of *Rules and Procedures*).
- 4. **Preferential Assessment** My property's Equalized Assessed Valuation (EAV) qualifies for assessment under one of the preferential assessment categories under Article 10 of the Illinois Property Tax Code (must attach brief describing qualifications for special assessment and valuation sought; see Rule G of *Rules and Procedures*).

Section 4: Sale Comparables/EAV Comparables

INSTRUCTIONS:

1. Sale comparables from 2013, 2014, and/or 2015 are required for all assessment complaints based on **Overvaluation**.
2. EAV comparables from 2016 are required for all assessment complaints based on **Equity**.
3. Video instructions for filling out this form are available at www.KaneCountyAssessments.org/Complaint/Complaint.htm.
4. Please use at least three comparables; if you wish to submit more, please use additional pages.

	Subject	Comparable 1	Comparable 2	Comparable 3
Parcel Number	_____	_____	_____	_____
Address	_____	_____	_____	_____
Land Sq. Ft.	_____	_____	_____	_____
House Style	_____	_____	_____	_____
Exterior Construction	_____	_____	_____	_____
Age	_____	_____	_____	_____
# Baths	_____	_____	_____	_____
Living Area Sq. Ft.	_____	_____	_____	_____
Basement SF/Finish SF	_____	_____	_____	_____
# Bedrooms	_____	_____	_____	_____
# Fireplaces	_____	_____	_____	_____
Garage/Parking Spaces	_____	_____	_____	_____
Other Improvements	_____	_____	_____	_____
<i>Sale Comparables from 2013, 2014, and/or 2015 (if complaint based on Overvaluation)</i>				
Sale Price	_____	_____	_____	_____
Sale Date	_____	_____	_____	_____
<i>Equalized Assessed Valuation Comparables from 2016 Values (if complaint based on Equity)</i>				
Land	_____	_____	_____	_____
Buildings	_____	_____	_____	_____
Farm Land	_____	_____	_____	_____
Farm Buildings	_____	_____	_____	_____
Total EAV	_____	_____	_____	_____

Comments on Comparables (use additional sheets if necessary).

Section 5: Taxpayer Opinion of Correct Assessment (required)

- All evidence attached and opinion provided at right →
- Opinion unknown; complainant will submit evidence and requested valuation amount no later than 14 days after the final filing deadline for this property at www.KaneCountyAssessments.org.

Land	_____
Buildings	_____
Farm Land	_____
Farm Buildings	_____
Total Assessment	_____
Level of Assessment	÷ 33.33%
Fair Cash Value	_____