



Cook County Assessor's Office

118 N. Clark Street - 3rd Floor
Chicago, Illinois 60602

Office Hours: 8:30 A.M.- 5:00 P.M.

Joseph Berrios Cook County Assessor

2017 Real Estate Assessed Valuation Appeal

COOK COUNTY ASSESSOR APPEAL NUMBER

CONDO - COOP

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RECEIVED AND CHECKED BY:

PLEASE COMPLETE ALL PARTS OF THE APPEAL FORM. TYPE OR PRINT ALL INFORMATION. COMPLY WITH ASSESSORS OFFICE RULES AND REGULATIONS IN FILLING OUT AND FILING THIS FORM. IF AIR RIGHTS PROPERTY, SUBMIT PLAT OF SURVEY.

List in ascending order all Permanent Index Numbers associated with the subject property.

IDENTIFICATION AND STATUS OF OWNER / TAXPAYER

SUBJECT PROPERTY PERMANENT INDEX NUMBER(S)

CERTIFICATE OF ERROR YEAR(S)
2016 | 2015 | 2014

Name of Taxpayer / Owner _____

Address _____ Email _____

City _____ State _____ Zip Code _____ Phone _____

Select one: Owner Former Owner Liable for Tax Tenant Liable for Tax Executor Beneficiary of Trust
Other (Explain) _____

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NATURE OF APPEAL - LOCATION AND IDENTIFICATION OF REAL ESTATE

Appeal Type Current Year Appeal Only Current Year & C of E C of E Only Taxable Exempt

Location of Subject Property: Street Address _____
City _____ Township _____

How is the Subject Property used? Condominium Cooperative Other (Explain) _____

Is this an appeal of 100% of the entire property? YES NO If not, what % Data to be submitted Data submitted with appeal

If purchased on or after January 1, 2014, indicate year purchased and purchase price. If purchased prior to January 1, 2014 insert "prior".
Year _____ Purchase Price _____

The undersigned states that he/she has read this appeal, 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. NOTE: FAILURE TO FILE OWNER / LESSEE AFFIDAVIT MAY RESULT IN DENIAL OF THIS APPEAL.

Signature of Taxpayer or Attorney / Representative _____

ATTORNEY / REPRESENTATIVE ONLY

ATTORNEY/REPRESENTATIVE CERTIFICATION: I _____ ATTORNEY / REPRESENTATIVE NAME (PRINT OR TYPE) FIRM / COMPANY NAME

_____ certify that I have obtained from _____ TAXPAYER NAME

(1) explicit authorization to file this 2017 assessment appeal and/or Certificate of Error and (2) the Taxpayers assurance that I am the only attorney

TAXPAYER TITLE OR POSITION _____ /Representative so authorized. Attorney / Representative Fax Number _____ Attorney / Representative Signature and Code Number _____ e-mail Address _____

NOTICE TO FILERS: YOU WILL BE NOTIFIED BY MAIL OF THE APPEAL NUMBER. YOU CAN FIND YOUR APPEAL NUMBER AND CHECK APPEAL STATUS ONLINE @ www.cookcountyassessor.com

THIS FORM MUST BE PRESENTED IN DUPLICATE. FILE 1ST COPY WITH COOK COUNTY ASSESSOR'S OFFICE - RETAIN TIME STAMPED 2ND COPY FOR YOUR RECORDS.