



**Cook County Assessor's Office**  
Freedom of Information Department

**WEB BASED FOIA  
REQUEST**  
REQUEST NUMBER

118 N. CLARK STREET - ROOM 320  
CHICAGO, ILLINOIS 60602

OFFICE HOURS 8:30 A.M. - 5:00 P.M.  
(312) 603-5307

**REQUEST FOR RECORDS**

**DOCUMENT REPRODUCTION AND CERTIFICATION FEES APPLY**  
**REPRODUCTION FEES PURSUANT TO ILLINOIS PROPERTY TAX CODE (§ 35 ILCS 200/9-20 and/or § 35 ILCS 200/14-30)**

**REQUESTER INFORMATION - PLEASE PRINT**

NAME OF INDIVIDUAL OR CORPORATION SUBMITTING THIS REQUEST OR COOK COUNTY ASSESSOR OFFICE ATTORNEY / REP. CODE			RELATIONSHIP TO REQUESTER: <b>SELF      AGENT</b>	
ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS		
SIGNATURE			DATE SUBMITTED	

Has requester previously submitted request for records with the Cook County Assessor's Office?      YES      NO

**WILL THE INFORMATION OR PUBLIC RECORDS PRODUCED IN RESPONSE TO THIS REQUEST BE USED FOR ANY COMMERCIAL PURPOSE?      CIRCLE APPROPRIATE RESPONSE      YES      NO**

If yes, please explain:

**NATURE OF REQUEST - PLEASE PRINT**

This request is to **INSPECT / COPY / CERTIFY** the following public records: (CIRCLE APPROPRIATE RESPONSE)

What records are sought, please be specific:

PROPERTY INDEX NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

AINQ   ASIQ   ASAL   FACE SHEET   DIVISION REPORT   CONDO SUMMARY   PROPERTY RECORD CARD

ASSESSMENT APPEAL:   APPEAL YEAR \_\_\_\_\_   APPEAL NUMBER \_\_\_\_\_

OTHER: \_\_\_\_\_

**OFFICE USE**

Request received by \_\_\_\_\_

Requested records available for inspection, requester contacted \_\_\_\_\_ by \_\_\_\_\_

2nd \_\_\_\_\_ by \_\_\_\_\_ Final \_\_\_\_\_ by \_\_\_\_\_

Number of pages copied \_\_\_\_\_      Number of pages certified \_\_\_\_\_

Work Order Number \_\_\_\_\_      Created by \_\_\_\_\_