



Cook County Assessor's Office  
 118 N. Clark Street - 3rd Floor  
 Chicago, Illinois 60602  
 Hours: 8:30 A.M.- 5:00 P.M.

# Joseph Berrios Cook County Assessor

## Tax Year 2017 Real Estate Assessed Valuation Appeal

COOK COUNTY ASSESSOR APPEAL NUMBER

IND. / COMM.

I/C

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

### DO NOT LIST COMPARABLES BELOW

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

SUBJECT PROPERTY PERMANENT INDEX NUMBER(S)	CERTIFICATE OF ERROR YEAR(S)		
	2016	2015	2014
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### IDENTIFICATION AND STATUS OF OWNER / TAXPAYER

1

Name of Taxpayer / Owner \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

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

### NATURE OF APPEAL - LOCATION AND IDENTIFICATION OF REAL ESTATE

2

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

Street Address \_\_\_\_\_  
 Location of Subject Property: City \_\_\_\_\_ Township \_\_\_\_\_

DATA SUBMITTED WITH APPEAL   
 DATA TO BE SUBMITTED

How is the Subject Property used? Check all that apply.  
 Commercial   
 Industrial   
 Not for Profit   
 Condo   
 Over 6 Apartments  
 Mixed Use   
 Other (Explain) \_\_\_\_\_

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 \_\_\_\_\_

LIST ADDITIONAL INDEX NUMBERS ON ANOTHER APPEAL FORM

FIELD CHECK REQUEST  YES  NO  
 If yes, attach explanation

The undersigned states that he/she has read the above 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

3

ATTORNEY/REPRESENTATIVE CERTIFICATION: I \_\_\_\_\_  
 ATTORNEY / REPRESENTATIVE NAME (PRINT OR TYPE) \_\_\_\_\_ FIRM / COMPANY NAME \_\_\_\_\_  
 certify that I have obtained from \_\_\_\_\_ TAXPAYER NAME \_\_\_\_\_

FIRM / COMPANY ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

TAXPAYER TITLE OR POSITION \_\_\_\_\_ (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

/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](http://www.cookcountyassessor.com)

THIS FORM MUST BE FILED IN DUPLICATE. FILE BOTH COPIES WITH COOK COUNTY ASSESSOR'S OFFICE - RETAIN TIME STAMPED COPY FOR YOUR RECORDS