



**Owner / Lessee Verification Affidavit  
for Omitted Assessments**

\_\_\_\_\_  
Appeal Year

\_\_\_\_\_  
Town

\_\_\_\_\_  
Appeal Number

\_\_\_\_\_  
Property Index Number(s)

\_\_\_\_\_  
Owner / Taxpayer

\_\_\_\_\_  
Property Index Number(s)

\_\_\_\_\_  
Owner's Mailing Address

\_\_\_\_\_  
Property Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Township

\_\_\_\_\_  
Email Address

I, \_\_\_\_\_ being first duly sworn on oath state:  
Name of Affiant

1. That I am (please check one):  An **Owner** of the property described above  
 A **Lessee** of the property described above  
 A **Tax Buyer** of the property described above (year(s) purchased) \_\_\_\_\_  
 A duly authorized **Officer/Agent** of the \_\_\_\_\_  
corporation/partnership which owns the property described above

2. I have sufficient knowledge of the operations of the above property to execute this affidavit

3. I have personal knowledge that the above property:

has been purchased within the last 5 years

has been refinanced within the last 5 years

If sold or refinanced: \_\_\_\_\_  
Purchase Price Date of Purchase

Type of Rate:  Fixed  Variable

Interest Rate: \_\_\_\_\_ %



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4. that for the assessment year \_\_\_\_\_ I have authorized \_\_\_\_\_

whose name appears on the appeal form to represent me before the Assessor relative to the assessment of the property listed.

5. that any income and expense information provided by me, either directly or through my representative, accurately reflects the result of the operations.

Further affiant sayeth not.

\_\_\_\_\_  
Signature of Owner/Lessee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

|  |                              |
|--|------------------------------|
| Subscribed and sworn before me this _____ day of _____, _____<br>_____<br>Signature of Notary Public | _____<br><i>Notary Stamp</i> |
|--|------------------------------|

**As appointed representative for the owner/lessee of the property described above, I affirm that I have read the Cook County Assessor's Rules for Filing Appeals.**

\_\_\_\_\_  
Signature of Attorney/Representative

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Atty / Rep Code

\_\_\_\_\_  
Daytime Phone Number