



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	VACANT LAND
	L

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.

RECEIVED AND CHECKED BY:

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

### IDENTIFICATION AND STATUS OF OWNER / TAXPAYER

1

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

Owner      Former Owner Liable for Tax      Tenant Liable for Tax      Executor      Beneficiary of Trust

Select one:      Other (Explain) \_\_\_\_\_

SUBJECT PROPERTY PERMANENT INDEX NUMBER(S)	CERTIFICATE OF ERROR YEAR(S) 2016   2015   2014
1	
2	
3	
4	
5	
6	
7	

### 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

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

How is the Subject Property used? Check all that apply.

DATA SUBMITTED WITH APPEAL	DATA TO BE SUBMITTED			
Zoning	Farmland	Wetland	Retention	2-41
Demolition	Common Area	Unbuildable	Contamination	Open Space

LIST COMPARABLE PROPERTY PIN(S) AND PROPERTY CLASS BELOW

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The assessment on the property described is inaccurate based on the following facts:

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 \_\_\_\_\_

FIELD CHECK REQUEST	YES	NO
If yes, attach explanation		

### 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 \_\_\_\_\_

(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](http://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.