

**2009 REAL ESTATE ASSESSED VALUATION COMPLAINT
THE BOARD OF REVIEW OF COOK COUNTY**

JOSEPH BERRIOS
COMMISSIONER

BRENDAN F. HOULIHAN
COMMISSIONER

LARRY R. ROGERS, JR.
COMMISSIONER

TYPE OR PRINT ALL INFORMATION. COMPLY WITH BOARD RULES AND REGULATIONS IN FILLING OUT THIS FORM.

Name of Appellant _____

Address of Appellant _____

City _____ State _____ Zip _____

Check if property is residential and owner resides there and is age 65 as of 1/1/09

Phone: _____ Fax: _____

STATUS OF APPELLANT

- Owner Former Owner Liable for Tax Tenant Liable for Tax Taxing Body or Taxpayer Alleging Underassessment
 Beneficiary of Trust Executor Other (Explain) _____

LOCATION AND IDENTIFICATION OF REAL ESTATE

Address _____ City _____ Township _____

- Description of Property: Single Family 6 Apartments or Less Over 6 Apartments Co-op
 Commercial Industrial Not-for-Profit Other
 Mixed Use Vacant Land Condo

If purchased on or after January 1, 2006. Year Purchased _____ Purchase Price \$ _____

If purchased prior to January 1, 2006, insert "prior".

The undersigned Appellant states that the above described real estate is OVERASSESSED by the Assessor of Cook County for the year 2009.

I waive my right to an oral hearing. _____ Check box and initial if "yes".
initial

Was an appeal made to PTAB for 2008? Yes No

Was an appeal made to the Assessor for 2009? Yes No

Was an appeal made to the Board of Review for 2008? Yes No

The undersigned states that he/she has read the above complaint, 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.

Signature of Appellant or Attorney

ATTORNEYS ONLY

ATTORNEY'S CERTIFICATION: I, _____
ATTORNEY'S NAME (PRINTED OR TYPED) FIRM

FIRM ADDRESS CITY ZIP PHONE, certify that I have obtained from

APPELLANT TITLE OR POSITION (1) explicit authorization to file this 2009 assessment complaint and (2) the

Appellant's assurance that I am the only attorney so authorized.

Attorney fax number Attorney signature Board Atty Code

NOTICE TO APPELLANT: You will be notified by mail of the time and place of your hearing. You must be prepared at that time to present any evidence you have in support of your claim. Please see the Rules of the Board which govern all appeals.

DO NOT LIST COMPARABLES BELOW

COMPLAINT NO. _____

Received & Checked by: _____

List in ascending order all Permanent Index Numbers of related parcels of the property owned by Appellant.

<u>PERMANENT INDEX NUMBER</u>	<u>VOLUME</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____
21. _____	_____
22. _____	_____
23. _____	_____
24. _____	_____
25. _____	_____