

**THE BOARD OF REVIEW OF COOK COUNTY
REAL ESTATE EXEMPTION COMPLAINT**

COMPLAINT E _____

Received & Checked by: _____

TYPE OR PRINT ALL INFORMATION

Name of Complainant _____

Address of Complainant _____

City _____ Zip _____ Tel No. _____

Email Address _____

List in ascending order **ONLY** those Permanent Index Numbers of contiguous parcels of property owned by the Appellant seeking exempt status. If parcels are not contiguous, please file a separate complaint form for each Permanent Index Number.

LOCATION AND IDENTIFICATION OF REAL ESTATE

Address _____ City _____ Township _____

STATE OF ILLINOIS }
COUNTY OF COOK } SS The undersigned Complainant is the owner of record of the herein described real estate and qualifies for a real estate tax exemption under the following section(s) of the Illinois Constitution and or Illinois

Revised Statutes: 35ILCS 205/____(CH.120, PAR.500. _____) OR ____ILCS ____/____(CH.____, PAR._____)

State the full description of all improvements located on the property (if vacant, so state): _____

Complainant acquired title by deed dated: _____ Date Recorded: _____

If Complainant acquired property through a condemnation proceeding; state date of filing: _____

If title was not acquired by deed, please explain fully: _____

If Complainant not in title, set forth the basis of the alleged right to exemption: _____

Complainant occupies the entire described real estate and uses the same exclusively for the following purposes, (if one or more parties occupy or use any part, explain fully listing names, terms, etc.): _____

Does the complainant receive any income from the described real estate? _____ If yes, please fully explain amounts, sources, use, etc. _____

Is the current assessed valuation on the parcel(s) for which Complainant is seeking exempt status over \$100,000? _____ If yes, what is the current assessment? _____

Has complainant filed an assessment complaint in addition to an exemption? _____

If so state current BOARD OF REVIEW complaint number, if known. _____

	PERMANENT INDEX NUMBER	VOLUME
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____

ATTORNEY'S APPEARANCE I (We) hereby enter the appearance of the Complainant

and my (our) appearance as _____ attorney(s). Date _____

The undersigned states that he has read the above complaint, has personal knowledge of the contents thereof, and the same is true in substance and in fact.

Attorney(s) for Complainant

(Print or Type)

Name of Complainant (Print or type)

Address

Telephone

Signature of Complainant, Corporate Officer, or Attorney