Short Form
Authenticity Affidavit

RESET FORM

Cook County
Board of Review

☐ Residential ☐ Commercial ☐ Apartments/7 units or more
☐ Industrial ☐ Vacant ☐ Mixed Use

2020 Complaint No.: _____
PIN.: _____
Township.: _____

STATE OF ILLINOIS
COUNTY OF COOK } SS

I, _____, being first duly sworn, state that I have personal knowledge of the fact that each of the following documents

_____

_____

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_____

is a true, correct and complete copy of the original it purports to be and that where any of such documents must be filed with a government department or agency, they were, in fact, filed.

Subscribed and sworn to before me,

This _____ day of _____, 20_____.

_____
Notary Public or Board Deputy

Further affiant sayeth not.

_____
Affiant