

2020 REAL ESTATE ASSESSED VALUATION COMPLAINT
THE BOARD OF REVIEW OF COOK COUNTY

MICHAEL M. CABONARGI
COMMISSIONER

DAN PATLAK
COMMISSIONER

LARRY R. ROGERS, JR.
COMMISSIONER

BOARD OF REVIEW ORIGINAL

COMPLAINT NO. _____

Received & Checked by: _____

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

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 _____

Phone: _____ Fax No: _____

Email Address _____

LOCATION AND IDENTIFICATION OF REAL ESTATE

SAME AS ABOVE

Address _____ City _____ Township _____

Permanent Index Number: _____

Description of Property:	Single Family	6 Apts. or Less	Over 6 Apts	Condo/Co-op
	Commercial/Industrial	Vacant Land	Townhome	Other

If purchased on or after January 1, 2017 Year Purchased _____ Purchase Price \$ _____

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) _____	

The undersigned Appellant states that the above described real estate is OVERASSESSED by the Assessor of Cook County for the year 2020

Do you plan to submit additional evidence? Yes No

I REQUEST A HEARING BEFORE THE COOK COUNTY BOARD OF REVIEW, 118 N. CLARK ST., CHICAGO **If yes, check box.**

NOTICE TO APPELLANT: If you requested a hearing, 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 in support of your claim. Please see the rules of the Board which govern all appeals. If you do not request a hearing, your complaint will be adjudicated based on the written evidence submitted on your behalf and information available to the Board of Review.

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) LAW FIRM

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

APPELLANT TITLE OR POSITION (1) explicit authorization to file this 2020 assessment complaint and (2) the

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

Attorney fax number Attorney signature Board Atty Code

Attorney Email address: _____

DO NOT LIST COMPARABLES BELOW

1. _____
2. _____
3. _____
4. _____
5. _____

IMPORTANT NOTICE

The Cook County Board of Review is a quasi-judicial office. Only licensed attorneys and individual taxpayers representing themselves may practice before the Board. Board Rule 1. Non-attorneys may not complete complaint forms or present an appeal on a taxpayer's behalf before the Board because it is considered the unauthorized practice of law. In Re Yamaguchi, 118 Ill.2d 417 (1987). Any complaint completed or presented by a non-attorney in the course of representation of a taxpayer may be denied or voided for lack of jurisdiction.

PLEASE MAIL FORM(S) TO:
COOK COUNTY BOARD OF REVIEW
118 N. CLARK STREET ROOM 601
CHICAGO, IL 60602

PLEASE WRITE
“COMPLAINT FORM”
ON THE ENVELOPE