COOK COUNTY BOARD OF REVIEW 2019
ATTORNEY AUTHORIZATION FORM

2019 Complaint No. _____ Township: _____

PIN(s): _____

_____

_____

Address:_____

City:_____ State: _____ ZIP Code:_____

ATTORNEY AUTHORIZATION

1. I am a/an (check applicable)
   - ☐ owner, ☐ executor, ☐ trust beneficiary of this property; or
   - ☐ a lessee (tenant) liable for the real estate taxes of the property for this tax year; or
   - ☐ a former owner liable for the real estate taxes of the property for this tax year; or
   - ☐ a duly authorized officer of the _____
     Corporation, Partnership, LLC, or other entity which owns the property described above.

2. I have personal knowledge that the property described above
   - ☐ has not been purchased since January 1, 2016; or
   - ☐ has been purchased on or after January 1, 2016 (complete below)
     Purchase Price: $_____ Date of Purchase: _____

3. For assessment year 2019, I explicitly authorize the following attorney/law firm:

_____

_____

to represent me before the Cook County Board of Review in connection with the assessment of the above mentioned property. Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

_____ _____ _____

Signature of Affiant /Owner/Appellant Print Name of Affiant /Owner/Appellant Date:

I certify that I have entered into the attorney/client relationship with the affiant and that I have read the accompanying assessed valuation complaint and supporting documents. Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

_____ _____ _____

Signature of Attorney Date: BOR Atty. Code