



Cook County Assessor's Office

118 N. Clark Street - 3rd Floor

Chicago, Illinois 60602

Office Hours: 8:30 A.M.- 5:00 P.M.

Fritz Kaegi Cook County Assessor

2019 Real Estate Assessed Valuation Appeal

COOK COUNTY ASSESSOR APPEAL NUMBER	Control Number	Incentive
		I

RECEIVED AND CHECKED BY:

PLEASE COMPLETE ALL PARTS OF THE APPEAL FORM. TYPE OR PRINT ALL INFORMATION. COMPLY WITH ASSESSORS OFFICE RULES AND REGULATIONS IN FILLING OUT AND FILING THIS FORM. IF AIR RIGHTS PROPERTY, SUBMIT PLAT OF SURVEY.

DO NOT LIST COMPARABLES BELOW

List in ascending order all Permanent Index Numbers associated with the subject property.

IDENTIFICATION AND STATUS OF OWNER / TAXPAYER

1

Name of Taxpayer / Owner _____
 Address of Taxpayer _____ Email _____
 City _____ State _____ Zip Code _____ Phone _____

Select one: Owner Former Owner Liable for Tax Tenant Liable for Tax Executor Beneficiary of Trust
 Other (Explain) _____

SUBJECT PROPERTY PERMANENT INDEX NUMBER(S)	CERTIFICATE OF ERROR YEAR(S)		
	2018	2017	2016

1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIST ADDITIONAL INDEX NUMBERS ON ANOTHER APPEAL FORM

NATURE OF APPEAL - LOCATION AND IDENTIFICATION OF REAL ESTATE

2

Appeal Type: Current Year Appeal only Current Year & C of E C of E Only Taxable Exempt

Location of Subject Street Address _____
Property: City _____ Township _____

DATA SUBMITTED WITH APPEAL DATA TO BE SUBMITTED

How is the Subject Property used? Check all that apply.

<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Class 7A	<input type="checkbox"/> Farm Land	<input type="checkbox"/> Residential Landmark
<input type="checkbox"/> Class L (Landmark)	<input type="checkbox"/> Class 7B	<input type="checkbox"/> Fraternal	<input type="checkbox"/> SER
<input type="checkbox"/> Class C (Brownfields)	<input type="checkbox"/> Class 7C	<input type="checkbox"/> Omitted	<input type="checkbox"/> SRO
<input type="checkbox"/> Class S	<input type="checkbox"/> Class 8	<input type="checkbox"/> Open Space	<input type="checkbox"/> TEERM
<input type="checkbox"/> Class 6B	<input type="checkbox"/> Class 9	<input type="checkbox"/> Railroad	<input type="checkbox"/> Veterans

Current Property Class? _____ Class Change Requested

If purchased on or after January 1, 2016, indicate year purchased and purchase price. If purchased prior to January 1, 2016 insert "prior".

Year _____ Purchase Price _____

The undersigned states that he/she has read this appeal, 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. NOTE: FALIURE TO FILE OWNER / LESEE AFFIDAVIT MAY RESULT IN DENIAL OF THIS APPEAL.

The assessment on the property described is inaccurate based on the following facts:

FIELD CHECK REQUEST If yes, attach explanation	YES	NO
---	-----	----

Signature of Taxpayer or Attorney / Representative _____

ATTORNEY / REPRESENTATIVE ONLY

3

ATTORNEY/REPRESENTATIVE CERTIFICATION: I _____
 ATTORNEY / REPRESENTATIVE NAME (PRINT OR TYPE) _____ FIRM / COMPANY NAME _____
 certify that I have obtained from _____
 FIRM / COMPANY ADDRESS _____ CITY _____ ZIP _____ PHONE _____ TAXPAYER NAME _____
 (1) explicit authorization to file this 2019 assessment appeal and/or Certificate of Error and (2) the Taxpayers assurance that I am the only attorney
 TAXPAYER TITLE OR POSITION _____
 /Representative so authorized. _____

Attorney / Representative Fax Number _____ Attorney / Representative Signature and Code Number _____ e-mail Address _____
NOTICE TO FILERS: YOU WILL BE NOTIFIED BY MAIL OF THE APPEAL NUMBER. YOU CAN FIND YOUR APPEAL NUMBER AND CHECK APPEAL STATUS ONLINE @ www.cookcountyassessor.com

THIS FORM MUST BE FILED IN DUPLICATE. FILE BOTH COPIES WITH COOK COUNTY ASSESSOR'S OFFICE - RETAIN TIME STAMPED COPY FOR YOUR RECORDS