

RETURN TO:
DUPAGE COUNTY BOARD OF REVIEW 421 N. COUNTY FARM RD., WHEATON, IL 60187 630-407-5888
RESIDENTIAL REAL ESTATE ASSESSMENT APPEAL FOR YEAR 2019

_____ (ONE PARCEL PER FORM) APPEAL NO. _____
PERMANENT PARCEL NUMBER
Pending PTAB docket number (if applicable) _____

FILING THIS APPEAL IS **NOT** A PROTEST OF TAXES. THIS APPEAL ASSURES YOU OF A HEARING RELATIVE TO THE ASSESSMENT OF YOUR PROPERTY AS PLACED BY THE TOWNSHIP ASSESSOR AND/OR SUPERVISOR OF ASSESSMENTS.

PROPERTY ADDRESS _____ DATE _____

OWNER NAME _____ HOME/CELL # _____
(attys/agents fill in at bottom)

OWNER ADDRESS (if different from above) _____ BUS PHONE _____
(attys/agents- fill in your info in bottom section)

CITY OR VILLAGE /ZIP CODE _____ EMAIL _____

The Assessment is HIGHER / LOWER , than the assessment of comparable properties FAX # _____

- | | | | |
|---|---|--|---------------------------------|
| <input type="checkbox"/> Property is assessed at more/less than 1/3 of its MARKET VALUE. | CLASS: <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> 2 to 6 APTS | <input type="checkbox"/> VACANT |
| <input type="checkbox"/> The assessment is greater than 1/3 of recent SALE PRICE.
<small>(Please attach copy of Closing Statement)</small> | STATUS <input type="checkbox"/> OWNER OCCUPIED | <input type="checkbox"/> RENTED-MO RENT \$ _____ | |
| <input type="checkbox"/> Uniformity | <input type="checkbox"/> CONDO | <input type="checkbox"/> TOWNHOME | |
| | OTHER _____ | | |

WHAT DO YOU THINK A FAIR MARKET VALUE OF YOUR HOME SHOULD BE? PROPOSED PROPERTY ASSESSMENT

\$ _____ DIVIDED BY 3 = _____
(Please Fill In - Your opinion of value as of January 1, 2019) (Please Fill In - What you think your assessment SHOULD be as of January 1, 2019)

IF YOU ARE APPEALING UNIFORMITY, RESIDENTIAL GRID SHEET (PAGE 2) MUST BE FILLED OUT AND SUBMITTED WITH APPEAL

PLEASE SUBMIT 2 COPIES OF APPEAL AND 2 COPIES OF EVIDENCE
INCOMPLETE APPEALS WILL NOT BE SET FOR HEARING

Oath: I do solemnly confirm that the statements made and the facts set forth in the foregoing complaint are true and correct to the best of my knowledge.

OWNER'S SIGNATURE _____

- 1- I **DO** WISH TO APPEAR. Please notify me by mail of my designated hearing date and time.
- 2- I **WILL NOT** APPEAR I request the Board make a decision based on evidence submitted. I understand I will **NOT** receive a hearing notice.

IF REPRESENTED BY AN ATTY/AGENT, OWNER'S SIGNATURE OR SEPARATE LETTER OF AUTHORIZATION IS REQUIRED
2 COPIES OF AUTHORIZATION MUST BE SUBMITTED WITH THIS FILING OR A HEARING WILL NOT BE SCHEDULED

ATTORNEY or AGENT'S NAME _____ ATTORNEY or AGENT'S SIGNATURE _____

FIRM NAME/ADDRESS _____
(Street Address) (City) (State) (Zip) (Phone)

2019 PRESENT ASSESSMENT (as of January 1, 2019)
(PLEASE FILL IN YOUR 2019 ASSESSMENT)

LAND _____
 BUILDING _____
 TOTAL _____
 PRO-RATE _____
 NEW CONSTR/DESTRUC _____ / _____

EMAIL _____

ACTION OF BOARD OF REVIEW

LAND _____
 BUILDING _____
 TOTAL _____
 PRO-RATE _____
 NEW CONST/DESTR AMT _____ / _____
(OFFICE USE ONLY)